ASSIST Wisconsin Project

Site Analysis Report

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Received.

Prepared by

ASSIST Wisconsin staff and

Members of the Tobacco-Free Wisconsin Coalition

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October 1, 1992

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I. SITE TOBACCO ANALYSIS

Wisconsin is one of the upper midwestern Great Lake states. With over 9,000 inland lakes, it is bounded north by Lake Superior and east by Lake Michigan. Much of Wisconsin is rolling hills and fertile farmland, accounting for its strong farming and dairy tradition. Politically, Wisconsin has a reputation for progressive politics, high education standards, and a strong support for health and social services.

A. POPULATION DISTRIBUTION AND DEMOGRAPHICS

With a 1990 population of 4.9 million, Wisconsin is the 17th largest state in the nation. (Table I.A.) The state has marked regional variation in its demographics, with the greatest number of people living in the southern and eastern parts of the state. The largest metropolitan area is Milwaukee, with over 1.4 million people living in the four-county Standard Statistical Metropolitan Area (SMSA). Combined with the Sheboygan, Racine, and Kenosha metropolitan areas, nearly 2 million people live in southeastern Wisconsin. This area shares much of the media market with the Milwaukee SMSA.

The next most populated region in the state includes the metropolitan areas of Appleton, Oshkosh, and Green Bay with over 500,000 residents. The Madison metropolitan area in Dane County is the largest population center in the southern part of the state. The rest of the metropolitan areas, Superior, Eau Claire, Wausau, LaCrosse, and Janesville-Beloit range in size from 44,000 to 139,000.

About 8% of Wisconsin's population are minorities. Blacks make up most of the minority population, followed by Hispanics, Native Americans, and Asians (Table I.B.). Most of the state's minorities live in the city of Milwaukee, where blacks comprise 23% of the population and Hispanics 4%.

Wisconsin has a large population of Native Americans, living mostly in the northeastern and northern regions of the state. Wisconsin tribes include the Chippewa, Menominee, Oneida, Potawatomi, Mohican, Munsee, and Winnebago.

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Table I.A. Population Distribution by Age and Gender - Wisconsin - 1990 (In thousands)

Age	State			Milwaukee			Balance		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
< 5	185	176	361	38	37	75	146	139	285
5-14	374	356	730	69	66	135	305	289	595
15-24	359	352	711	69	71	140	290	281	571
25-34	409	413	822	86	91	177	323	322	645
35-44	364	361	725	66	70	136	298	291	589
45-54	237	242	479	40	45	84	197	197	395
55-64	200	213	414	38	44	81	162	170	332
65-74	160	198	358	31	41	72	130	157	287
75+	105	188	293	19	40	59	86	149	235
Total	2393	2500	4900	456	505	959	1940	1995	3934

Source: 1990 Census, Center for Health Statistics

Table I.B. Race/Ethnicity Distribution - Wisconsin - 1990 (In thousands)

Race/ Ethnicity	State		Milwaukee		Balance	
	Number	Percent	Number	Percent	Number	Percent
White	4513	92%	719	75%	3833	97%
Black	245	5%	195	20%	49	1%
Asian	53	1%	15	2%	39	0.9%
Native American	39	1%	7	1%	32	0.8%
Other	41	1%	22	2%	19	0.5%
Total	4892	100%	958	100%	3972	100%
Hispanic*	94	100%	45	48%	49	52%

* Can be of any race. Source: 1990 Census, Center for Health Statistics

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2. Youth and Smoking Initiation

Data on smoking initiation and smoking among youth and are available from the Youth Behavioral Risk Factor Surveys (YBRFS) and the Search Institute Survey. Smoking prevalence (smoking in the past 30 days) increases from 7% among 6th graders to 35% among 12th graders. Overall, it is estimated that 24% (101,000) of the 421,000 students in grades 6-12 smoke.

3. Smokeless Tobacco Use

State-wide: Although 20% of females report using smokeless tobacco at some time, fewer than 1% are current users. Young men have the highest rate of use. About 7% of males 18-24 years of age report current smokeless tobacco use.

Youth: Smokeless tobacco use is more common among Wisconsin youth compared to the rest of the nation. In a state-wide survey of over 3,500 randomly-selected 9th grade boys and girls, 35% said that they had tried smokeless tobacco, 5% used it in the past week, and 3% used it the previous day. About 30% of these youth report trying it before they reached sixth grade. In addition, smokeless tobacco use is more common in rural areas of the state.

4. Trends in Cigarette Smoking in Wisconsin

Data from telephone surveys are available to provide information about the trends in cigarette smoking among adults in Wisconsin. Since 1984, the DOH has conducted telephone surveys of adults regarding smoking and other health risk behaviors. These surveys suggest that the prevalence of smoking has not declined over the past 5 years, but has remained at a level of about 26% (Table I.D.).

Some explanations regarding a constant prevalence rate could be that the rate is indeed lower, but the survey data utilized do not reveal the decrease. If the rate is, in fact, constant, many cultural factors may intertwine to inhibit quitting and support smoking behaviors. (Refer to Tobacco Control Analysis for further description.)

Information about the use and trends in cigarettes is available from per capita sales data from the Wisconsin Department of Agriculture, Trade, and Consumer Protection. In 1989, nearly 500 million packs of cigarettes were sold in the state, representing about 100 packs for every person in the state. The number of packs sold in the state has increased steadily since 1950. Per capita sales peaked in 1981. In 1989, per capita sales were at about the same level as they were in 1950.

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Table I.D. Trends in Cigarette Smoking and Per Capita Cigarette Sales - Wisconsin

Year	Percent of Adult Smokers*	Per Capita Sales (Packs)
1984	27.4	105.6
1985	24.6	107.0
1986	26.0	105.4
1987	26.0	106.0
1988	24.3	102.6
1989	26.0	100.3
1990	24.7	91.0
1991	26.4	n.a.

* Behavioral Risk Factor Surveillance

5. Projections

The State of Wisconsin has established an objective for the Year 2000 to reduce the prevalence of smoking to 15% or below. Achieving the more optimistic objective for ASSIST--to reduce the prevalence of smoking in the state to 14% by 1998--can be reached only with support provided by the ASSIST Wisconsin Project.

Assuming the same population structure exists in 1998, there will need to be almost 400,000 fewer smokers to reach a 43% reduction in the prevalence of smoking. Each year in the U.S., about 1 million young people begin to smoke and 1.3 million quit. Since Wisconsin has 2% of the U.S. population, about 20,000 young people begin to smoke and about 26,000 quit each year in the state. Reducing the smoking initiation rate by 50% over the 5-year duration of ASSIST will lead to 50,000 fewer smokers--the remaining 350,000 must come from a 2-3 fold increase in the cessation rate over this period.

The mortality and economic toll of smoking attributable diseases has been monitored in Wisconsin since 1985. With the use of SAMMEC (Smoking Attributable Mortality and Mortality and Economic Costs) software, distributed by the Centers for Disease Control, the number of Wisconsin residents who die from smoking-related diseases has been documented. (Table I.E.)

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Table I.E. Smoking-attributable Deaths by Selected Disease Categories - Wisconsin - 1985-92

Disease Category	1985	1988	1992
CVD	2,535	3,713	3,605
Cancers	1,870	2,465	2,650
COPD	1,145	1,655	1,660
Perinatal Conditions	--	34	34
Burns	--	33	35
TOTAL	5,590	7,900	7,984

Both direct and indirect costs were included in the estimates of the economic costs of smoking and are outlined in Table I.F. Direct costs include hospitalizations, physicians' services, nursing home care, drugs, and other expenses. Indirect costs include the value of the productivity lost when smoking-related illness or death result in time away from work. Smoking attributable direct and indirect costs have swelled to approximately $1 billion per year.

Table I.F. Smoking Attributable Economic Costs (In millions) - Wisconsin - 1985-92

Costs	1985	1988	1992	Total
Direct	$470	$303	$321	$1,091
Indirect Mortality	$267	$465	$606	$1,338
Indirect Morbidity	$166	$99	$109	$374
Total	$903	$867	$1,036	$2,806

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C. TOBACCO CONTROL ANALYSIS

1. Community Characteristics

Wisconsin is twelfth nationally in state production of tobacco. According to Wisconsin Agriculture Statistics, in 1991, 7,271 acres of tobacco yielded between 15-16 million pounds and about $24 million in revenue. Although the number of people employed in growing and harvesting tobacco is small, the tobacco industry through its subsidiaries and alliances within the state is a powerful economic and political force.

a. Cultural Aspects

A number of major cultural influences make the state resistant to tobacco control and smoking reduction efforts. Several communities in western and southern Wisconsin have a strong tobacco heritage and tradition. Vernon County has the largest share of acres planted in tobacco (the Viroqua Tobacco Exposition is a major annual event). The area around Edgerton (in Dane County, the home of Madison and Wisconsin's government, and Rock County) is another leading tobacco producing center. Its annual Tobacco Days is a major community event. Tobacco production, connected to two large tobacco producers' cooperatives (northern and southern) and several small companies, is largely a small family farm business utilizing family and migrant labor.

Tobacco use is closely tied to traditional cultural/economic celebrations such as the Lumberjack Festival in northern Wisconsin. Tobacco is a fully integrated part of traditional Native American culture (smoking, as a gift and sign of sharing, as a cultural/spiritual aspect of the culture) throughout the northern part of the state. Tribal sales of lower price cigarettes and the rapid spread of tribal and non-tribal gambling facilities, where smoking is very common, have served to help promote smoking.

Wisconsin is also, compared to national averages, a heavy alcohol consuming state. According to the state Office on Alcohol and Other Drug Abuse (1990), 79% of Wisconsin adults consider themselves drinkers (vs. 68% nationally). The prevalence of alcohol abuse and dependency is estimated to be 339,180 persons or 9.5% of the population. Nationally, in 1988, 25% of the adult population reported binge drinking, 6% reported drinking and driving and 9% reported heavier drinking. Wisconsin thus respectively ranked 1st, 2nd and 4th, out of 37 states, on these measures. Tobacco is closely tied to alcohol usage patterns and, especially in the minds of heavy drinkers, closely tied to personal values about consumption, health behavior and cultural tradition. Drinking in bars and taverns, also sites for smoking, is a norm.

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Within the state there is a strong culture of localism and individual independence. The dominant socio-political norm in the state, especially in rural and working class urban areas, is one of individual and family pride, independence, individual responsibility for one's health, and minimal government interference. With respect to smoking, many citizens, especially blue collar workers, view smoking and drinking as connected to individual rights which should not be interfered with. A direct impact on policy here is that clean indoor legislation has excluded coverage of all manufacturing and blue collar workers.

In the eyes of legislators, local politicians and many people the primary valid unit of government is the county or city. Local influence on Legislative decision making is accepted and seen as desirable by legislators. Policy deriving from state organizations (especially if located in Madison or, to a lesser extent Milwaukee) has much less credibility unless supported via constituents throughout the state. The legislation requiring smoke free schools, for example, passed easily because many school districts had already voluntarily gone smoke free. Smokers' rights legislation also easily passed because it fit the cultural norm of individual adults making their own choices.

b. Economic-Political Aspects

The tobacco industry has a direct economic impact in the state via the farms which produce tobacco in about seven rural counties. Tobacco sales have helped keep some family farms in business. Wisconsin congressional representatives have been openly protective of agricultural subsidies for production. The University system has been helpful in agricultural research here.

However, the major industry impact is via the ownership of major Wisconsin businesses owned by Philip Morris: Miller Brewing (Milwaukee), Oscar Mayer (Madison), and Kraft Foods (throughout eastern and northern Wisconsin). Philip Morris thus claims 7,900 Wisconsin employees with salaries of $362.4 million, purchases of $1.6 billion, and federal and state taxes of $176.6 million. Kimberly-Clark (Fox River Valley area) is a producer of papers and other products for use in the tobacco industry. These businesses are extremely important in their respective communities and are influential in local and state politics. The communities where they are most influential include some of the state's large metropolitan areas. When one adds the impact these industries have via retail, promotion and distribution activities, their impact is increased.

The effects of tobacco interests is experienced in a variety of ways. Examples: In Milwaukee, representatives of Miller Brewing sit on numerous community cultural and social service agency boards of directors. Newspaper coverage of the Miller-Philip Morris connection has made it known to many groups and the

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interests of the two are seen as one and the same. Philip Morris and its subsidiaries, according to a key informant, are seen as valuable corporate contributors to United Way. Miller is a major funder of community activities and events throughout the Milwaukee and other metropolitan areas of the state, and has contributed to numerous college activities.

State and local coalition members have indicated a variety of tobacco industry influences in their communities. Local coalitions have noted an increase in the level, size and visibility of industry supported smokers' rights groups in appearances at local hearings.

In the legislative arena, tobacco interests are thus powerful largely through the subsidiaries of Philip Morris and less through the direct impact of growers of tobacco (although an ASSIST Executive Committee member indicated that the Farm Bureau would do nothing to negatively impact tobacco grower interests). During the recent legislative session, when the excise tax was increased, the Governor's Office was inundated with letters opposing this increase. A lead state coalition opponent of the bill, Wisconsin Manufacturers and Commerce (WMC), had a major internal battle when Philip Morris pulled out of WMC.

In sum, the impact of tobacco interests is great through ownership and alliances with many of the major industries of the state and a close cultural identity connection between alcohol and tobacco. This impact is recognized by the state level health coalitions but much less so at a local level.

Smoker's Rights: In 1992, a law was passed which forbids employers from discriminating against an employee based on the use of legal products outside of work hours. Several amendments were included, one permits health organizations (such as the ACS and ALA) to hire only non-smokers.

2. Tobacco Prevention and Control Policies and Resources

a. State Laws and Enforcement

Wisconsin's legislature, with support from activists in the Tri-Agency Coalition and a long history of individuals organizing and demanding non-smoker's rights, has been aggressive in establishing tobacco control policies.

Clean-Indoor Air: Wisconsin's Clean Indoor Air law is considered one of the most extensive in the nation. The law regulates smoking in public and private offices and state and local correctional facilities, and bans smoking on commercial buses. Under the law, smoking is normally not allowed in buses, schools and colleges, hospitals, movie theaters, government buildings, public elevators and waiting rooms, and retail stores.

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ıy local health advocacy groups continue to work for a smoke-
:e environment in the state of Wisconsin. These groups have
:en come together to address specific tobacco or health issues.

: American Cancer Society: The ACS has been an active in
›acco policy issues during the past year. Susan Schoenmarklin,
serves as their registered representative and is extremely
›wledgeable about local and state-wide initiatives.

: American Heart Association: The AHA has recently reinforced
›acco control as a high priority. It has hired a part time
.icy representative in Madison, is designating members to work
:h local coalitions and has been an active member of the state
ılition.

: American Lung Association: The ALA has been active in
›acco policies for many years, especially in the areas of state
ʃislation and assistance to worksites wanting to go smoke-free.
:rently, Marge Brindley serves as their representative to the
ʃislature. She is an active member of the Tobacco-Free
;consin Coalition. The ALA has been very active in recruiting
›resentatives for local coalition contacts.

ıdents for Clean Indoor Air: Started by Ira Sharenow, a
.versity of Wisconsin graduate student, this group has been
:remely active at the University, city, county, and state
/el. (Mr. Sharenow has been invited to be a consultant to the
ılition.)

;consin Initiative on Smoking and Health (WISH): Started by
:k Lohman, this organization has been extremely active at the
ıte and local level in all major tobacco policy initiatives.

:tors Ought to Care (DOC): The Madison chapter is active with
:r 50 members. Two students serve on the national board of
:. A new chapter is being formed at the Medical College of
;consin in Milwaukee. (DOC is a consultant to the Coalition.)

ıer health care groups expressing renewed and increased
:erest in tobacco control policies are the state's medical
ırmacy, dental and hospital associations.

3. Media and Tobacco Control in Wisconsin

: use of media for public education will be an essential
ıponent of ASSIST Wisconsin. We have developed a strong
.ationship with key media gatekeepers in all the major DMA's
:signated market area) throughout the state. The Division of

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Health, ACS, ALA and AHA have established themselves as consistently available and credible sources of information about health issues in Wisconsin. We will continue to utilize these contacts with key editors and reporters to promote tobacco-control through the major print and broadcast media in the state. The newly forming local coalitions will strengthen our capacity to influence and direct our tobacco-control messages to our target audiences. Most state media have indicated greater receptivity to requests for access (e.g., for air time, page space) through local rather than state channels.

a. Newspapers

Wisconsin Newspaper Association (WNA) provides clippings on all tobacco-related issues from over 266 daily and weekly newspapers statewide. The clipping service allows Project ASSIST to continually monitor the level and nature of tobacco-use coverage by newspapers. Currently we average approximately 70 tobacco-related clips per month. Half of the articles are covering policy initiatives on either the state or local level. Coverage of the debate and passage of county and city smoking-control ordinances is often presented with skepticism. Proponents of these ordinances are often portrayed as ineffective buffoons, attempting to legislate private health decisions while they are unable to legislate truly "significant" issues facing the community.

Project ASSIST can foster a better environment for policy makers to debate smoking-control bills by continuing to position smoking as a significant community problem. DOH can help local coalitions in this effort by continuing to provide smoking impact studies which can be localized by county and city. Statewide ASSIST efforts can help via media campaigns, presentations to state editors and reporters conferences, and awards for good coverage.

A key informant interview indicated that although most newspaper editors support smoking controls, the impact of tobacco advertising prevents stands against limits on such advertising (a "free speech" issue) and public connections to the state coalition.

Newspaper Editorials: The four largest newspapers in the state provided strong editorial support for an increase in Wisconsin's tobacco tax. The Milwaukee Sentinel, the second-largest newspaper in the state, strongly criticized the Governor for initially vetoing a tax increase in October, 1991, and this editorial was widely reprinted by community newspapers around the state. Both capital-based newspapers (ranking third and fourth in state circulation) wrote editorials supported a cigarette tax

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intended to motivate nurses to care for themselves and their health to the same degree that they care for others.

Public Health Agencies: 85% of local agencies have tobacco or smoking-related programs; 82% provide counseling to smokers about health risks; 21% provide group smoking cessation program; and 70% refer to smoking cessation programs.

Smoking Cessation Programs in Health and Social Service Agencies: The ACS is currently implementing a new smoking cessation program for low-income women, that will be delivered by health and social service agencies. The program is "Special Delivery," and was piloted in three agencies in 1988-89. The program is designed to be integrated into the Women-Infant-Children (WIC) nutrition/education/service program, and into prenatal-postnatal home visits.

b. Worksites

For many years, the ACS has targeted worksites for smoking cessation programs. In addition, the American Lung Association assisted 300 companies and their 30,000 employees in establishing smoking policies and implementing smoking cessation programs in 1990.

c. Schools

In April 1990, approximately 541 schools were non-randomly surveyed about current tobacco-related curricula. Over 93% of these schools indicated that their schools offered smoking prevention or cessation programs during the past year. Most of the schools (92%) had provided some type of **prevention** program within the past year, whereas only 9% had provided some type of **cessation** program. Schools utilize the following, and other, resources for students: DPI Health Education Curriculum Guidelines, Smoke Free Class 2000, ACS and ALA, Starting Free Smokeless Tobacco -Teacher's Guide and Slide Tape (ACS): Breaking Free (ACS), Kristy Koala Healthy Lung Program (ALA), Students Teaching Students/It's Your Choice (ALA), Hugh McCabe: The Coach's Final Lesson (ALA). Alcohol and other drug curricula, used in every school district, also include smoking prevention and tobacco information. The most commonly used in Wisconsin are Here's Looking At You 2000, and PICADA 1-8.

A key informant interviewed indicated that although schools are smoke-free there has been little assistance provided for employees who wish to quit. School boards are generally unwilling to pay for the costs. Organized labor does not want to increase health care costs by requiring cessation as part of health care package negotiations or through state mandates. However, free and low cost cessation program offerings would be welcome - an option local coalitions can facilitate.

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Key areas to be explored and addressed by local coalitions are
- increasing the availability of smoking cessation services in high schools
- greater emphasis on tobacco as a gateway drug in alcohol and other drug programs
- utilization of smoking prevention curricula at all levels (something not consistently accomplished)
- greater participation of parents in smoking control activities (statewide, the PTA has been increasing its role here).

d. **Community Programs**

Through the efforts of ACS Fresh Start/Smart Move facilitators, 7,840 smokers took part in the 1989-90 Fresh Start smoking cessation program. Some follow up of participants one year later indicated up to a 37% success rate.

Health education materials on tobacco cessation and prevention are readily available to children, parents, students, smokers, health professionals, and educators throughout the state. The ACS, ALA, and AHA all maintain a comprehensive and varied inventories.

Areas of need identified so far include:
- a lack of trained smoking cessation staff and programs in many rural areas
- better media utilization strategies to attract smokers who want to quit to cessation programs
- examination and expansion of smoking control policies in social service settings and through social service funding and licensing policies (this needs to be preceded by increased attention to staff smoking habits and the potential role of social services in smoking control activities.

D. COALITION PROCESS

The Tobacco Free Coalition was formed prior to applying for ASSIST. The original members included the ACS, ALA, AHA, Wisconsin Cancer Council, and the DOH. All of these members were involved in the preparation of the application and in the development of the background material for the description of the smoking problem in Wisconsin.

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Neenah, and Menasha areas which are located on Lake Winnebago -- often referred to as the Fox River Valley -- particularly thrive on the processing of wood products. Most of Wisconsin's Native American population live on the Oneida and Winnebago reservations.

With a population of almost a million, the southern region is the state's third largest region with a population of about 900,000. Wisconsin's capital and state government is located in Madison, a city of about 200,000 located within two hours drive of over 70% of the state's population. Madison, also the home of the University of Wisconsin, is a city dominated by state government, university faculty, and over 44,000 university students. The State Capital and most of the branches of state government are located in the city's downtown. Major industries in the area include insurance, agriculture (including a majority of the state's tobacco production), machine-die works, auto manufacturing, and tourism. Ethnically, the area has a mix of Scandinavian and peoples of Northern European descent.

The western region is predominantly rural and has a population of about 600,000. LaCrosse and Eau Claire are the largest cities in the region. The fertile land of the western part of the state supports the strong agriculture industry of the region. The western area is also known for its breweries, located in Eau Claire, and Chippewa Falls, as well as a major tobacco growing county (Vernon).

The northern region is the most sparsely populated of the state's regions. Although it is the largest in terms of area, it has a population of less than 500,000. Tourism, travel, and recreation are key industries in this region. In the northern lake country, near such towns as Eagle River, Minocqua, and Tomahawk, there are countless resorts and innumerable recreation areas. The northeastern region is the home of the Menominee Nation (comprising Menominee County) and the Chippewa Indian Tribes.

According to DMIS information, of Wisconsin's 3.6 million adults, 1 million are smokers. This indicates a 27.9 prevalence. Further, 72.2% of smokers are represented in Multi-Factor Groups 4-8 (MFG).

The statewide mapping of the MFGs reveal that these groups cluster in urban areas with higher population density. The major urban areas of the State, Metropolitan Milwaukee (Southeastern); Green Bay, Appleton, Oshkosh, Sheboygan (Northeastern); and Madison, Janesville, Beloit (Southern) all showed areas where between 75,000 to 459,000 persons were representative of the Multi-Factor Groups 4-8.

The Milwaukee area was mapped separately and in its uniqueness as the largest metropolitan area of the State, reflected high

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densities of MFGs 4-8. The map indicated that south side of the city along with two suburbs, Greenfield and Waukesha, had higher concentrations of MFGs 4-8 in comparison to the northwestern suburbs.

Using DMIS maps, information, such as the following, will be utilized for targeting smoking clusters in a regional manner. Milwaukee's south side is composed of working class neighborhoods, originally settled by Eastern European immigrants. Generally, the population works at the many small manufacturing plants or large companies located in Milwaukee. Most residents work in blue-collar jobs while living in modest, older single family homes, duplexes, or "Milwaukee bungalows". Accordingly, the male, working population would tend to be smokers.

Greenfield, a southern suburb, is also comprised of working class families. Many of those who were raised in Milwaukee's south side have settled in Greenfield. Residents would have blue-collar or service jobs and live in new housing tracts or the older, well-built, modest neighborhoods. To the west is Waukesha, the fastest growing suburb in the State. Waukesha is a mixed bag of neighborhoods and populations. There is an affluent, wealthy sector living in new, large, one family homes. Waukesha has affordable housing, so young people, both single and married, live in the many apartment buildings. There is a large Hispanic population, and a growing number of African-Americans migrating from Milwaukee's inner city or "Core".

Many blue-collar men and women live in these three sections of Milwaukee. With further use of the mapping, targeting these groups will be possible.

To further examine the DMIS data, each Multi-Factor Group was analyzed using Lotus 1-2-3. Each cluster in the MFG was compared and means for specific characteristics were determined. For example, MFG 8 is comprised of Clusters 22, 26, 29, 31, 33, and 39. Means for such characteristics as occupational categories, age, education level, household income, household composition, housing and smokers were calculated. The results for the number of smokers for the MFG 8 are outlined in the following table.

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Table II.A. **Multi-Factor Group 8 - Wisconsin**

Characteristic	Mean Value
Median Household Income	$22,520
Median Age	39.3 years
Married Couples	67.3
Household with Children	48.9
Educational Level	11.7
Single Family Home	87.3
Two Workers/Family	53.9

B. **SELECTION CRITERIA FOR THE PRIORITY GROUPS**

DOH and ACS staff extensively reviewed the literature, utilization of data sources (Behavioral Risk Factor Surveillance, surveys, 1990 Census, other) and discussions led to the selection of the following population priority groups:

1. Blue Collar Workers[1]
2. Women of Reproductive Age
3. Youth
4. Ethnic Minorities (People of Color)
5. Persons with Lower Education Levels

Descriptions and justifications for selection were sent to all coalition and executive committee members for response. Seven directly responded. At their respective meetings, both the project executive committee and coalition steering committee approved the selections.

These priority groups will serve as focus groups in building the Statewide plan for ASSIST.

The following table compares and contrasts the priority groups in terms of their size, their prevalence of smoking behavior.

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[1]Blue-collar workers include craftsmen, machine or equipment operators, laborers, and other types. White-collar workers include professionals, technical workers, managers, administrators, salespersons and clerical workers. Service workers include health and personnel services, food service, protective services.

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Source: https://www.industrydocuments.ucsf.edu/docs/pfbl0000

Table II.B. **ASSIST Priority Groups - Wisconsin - 1992**

Priority Group	Size of Population	Percent Smokers	Number of Smokers
Blue Collar Workers	897,000	43%	386,000
Youth	421,000	24%	101,000
Women (18-44)	1,000,000	30%	300,000
Blacks	156,000	34%	53,000
Men	71,000	39%	29,000
Women	85,000	28%	24,000
Hispanics	57,000	32%	18,000
American Indians	25,000	68%	17,000
Lower Education (Unemployed)	169,000	47%	79,000

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Source: https://www.industrydocuments.ucsf.edu/docs/pfbl0000

C. PRIORITY GROUP CHARACTERISTICS

1. Blue Collar and Service Workers

Blue collar, service, and unemployed workers represent the highest smoking rate occupational categories and the largest smoking population in the state. Especially concentrated in this group are white males who have lower quit rates than their white collar counterparts. Although this population is predominantly caucasian, people of all races and ethnicity in this category have higher rates of smoking than white collar or farm workers. For the goals of ASSIST to be reached, smoking cessation must be greatly increased among this group.

This group also represents the largest population relatively untouched by tobacco control efforts in the past. Most of this population, much of it working in manufacturing, construction and retailing, is not subject to smoking restrictions in the workplace, have not been effectively reached by existing smoking cessation and prevention activities, and are less likely to quit smoking. Smoking for this population is often perceived of as a right although many have tried unsuccessfully to quit. Changing adult smoking habits in this population can have a major preventive effect on youth.

Blue-collar workers smoke more, tend to start smoking at an earlier age, and have more difficulty quitting than white-collar workers. The risks of certain diseases are compounded by the fact that blue-collar workers are more apt to be exposed to other disease causing agents in their work environment in comparison to white-collar workers. Male workers exposed to asbestos are more likely to smoke than those not exposed.

Smoking rates in specific occupations

High Prevalence

Men: Painters, truck drivers, construction workers, carpenters, auto mechanics

Women: Waitresses, cashiers, assemblers, nurse's aides, Machine operators, practical nurses

Low Prevalence

Men: Electrical engineers, lawyers, secondary school teachers, accountants, real estate brokers, farmers

Women: Elementary school teachers, food service workers, bank tellers, stitchers, registered nurses

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Source: https://www.industrydocuments.ucsf.edu/docs/pfbl0000

Approximately 43% (386,000) of Wisconsin workers employed in manufacturing jobs are smokers.

Table II.C. **Estimates of Percentages of Current Smokers, by Sex and Occupation, Ages 20-64 Years, 1978-1980**

Occupation	Male	Female
Blue-collar (Total)	47.1	38.1
White-collar (Total)	33.0	31.9
Service	39.4	47.5
Farm	31.5	22.6
Unemployed	53.9	39.6
Homemaking	-	33.0

Smoking varies inversely with education and income. College-educated white-collar workers and high income earners are less likely to smoke than high school graduates, blue-collar workers, and those with low incomes. The highest smoking rates are among unemployed workers.

Both Blacks males and females are more concentrated in the blue-collar fields. Black male blue collar workers have the highest smoking rates (52%).

Most community contact comments are incorporated into the channel analysis discussion.

2. Women

Among young women, the rate of smoking has reached and surpassed that of men. This has been the result of increased targeting of tobacco promotion to women, association by women of smoking with weight management and independence, decreasing acceptability of smoking among young men and a 2/3 higher quit rate among men. Thus, women are at increasing risk for the diseases caused by smoking. If uninterrupted, the growing rate of lung cancer among women will surpass the declining rate among men by the year 2000.

All women need to be targeted by ASSIST efforts in order to raise their quit levels to that of men and to prevent smoking among women ages 14-21. Reduction of smoking by pregnant women and new mothers can eliminate major causes of low birth weight, other

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Source: https://www.industrydocuments.ucsf.edu/docs/pfbl0000

tobacco related fetal effects and infant mortality. Mothers who smoke present their children with health risks associated with second hand smoke and negative role models which encourage children, especially daughters, to begin smoking.

Women with the highest rates of smoking and who should be especially targeted are those with lower education levels, blue collar and service workers, unemployed, pregnant women, Native Americans, and teens whose parents share these characteristics.

- Women are less likely to quit smoking after they have started. The rate of quitting for women is about 1/3 that of men.

- Maternal smoking decreased fertility and increases the risk of spontaneous abortion, stability of the placenta on the uterine wall, low birth weight and premature rupture of membranes. Smoking has been linked with an increase in infant mortality.

- In a recent study of reproductive age women (18-44 years), Wisconsin women reported a smoking prevalence of 30% in comparison to the national median of 26.5%. Of the 1,000,000 reproductive age women in the State, approximately 30% smoke cigarettes, while 18% (13,000) of pregnant women smoke.

- Wisconsin birth certificates now include a variable to record the mothers cigarette consumption during the pregnancy.

Women and smoking-related cancers

- While mortality from breast cancer has not changed in recent years, mortality from lung cancer has risen dramatically. Nationally, lung cancer now exceeds breast cancer as the largest cause of cancer deaths among women. Wisconsin women reflect the same trend. Lung cancer deaths will surpass breast cancer among Wisconsin women.

3. **Youth**

The largest number of smokers in Wisconsin are adults, thus, even if all smoking by youth stopped, the goals of ASSIST would not be met. Furthermore, since 75% of new smokers come from families where one or more parents smoke, the greatest influence on smoking initiation is parental/adult smoking. However, to effectively further reduce smoking rates, smoking and smokeless tobacco use, prevention efforts among youth need to continue and increase.

Only through ongoing prevention activities will we be able to maintain any gains made in the over all reduction of smoking. Tobacco promoters know that 75% of smokers begin before age 16--thus they must recruit new smokers amongst underage youth to

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Source: https://www.industrydocuments.ucsf.edu/docs/pfbl0000

obtain new smokers to replace adult smokers who quit or die. Because tobacco use among youth is highly associated with other illicit drug and alcohol use, prevention of smoking can have a major effect on other drug abuse.

Important youth groups to focus upon include: girls, children whose parents smoke, school drop outs, children from blue collar families, and all youth ages 11 to 19. It is important also to continue prevention efforts among youth/young adults entering the workforce - 25% of smokers begin regular use between ages 16 to 21. Black males, especially begin smoking at later ages. Smoking cessation activities, largely not reaching any youth at this point, also need to target high school students, high school drop outs and new smokers entering the work force.

• More than 100,00 children and adolescents 12-18 years old (6-12 grades) smoke cigarettes in the State.

Ages at which children and adolescents start to smoke

• Among White, Black and Hispanic youth the smoking initiation increases after age 11 years, and peaks at 16-19 years old, and declines after age 25 years.

Female smokers in comparison to males

• Wisconsin survey data show that of 67,000 9th grade students, 14% (4,700) of 9th grade girls smoked in comparison to 9% (3,000) of the boys.

Differences in smoking patterns between teens in school and those who drop out of school

• School drop-outs, both male and female are about twice or three times as likely to smoke cigarettes as students who remain in school. Educational attainment is the characteristic most associated with smoking behavior.

Adolescents use smokeless tobacco

• Approximately 3.5% (1,000) of Wisconsin male 12th graders (29,500) use smokeless tobacco regularly.

• Smokeless tobacco is addictive; the level of nicotine in the blood of smokeless users are similar to those of cigarette users. Risks of developing oral lesions, gum disease, and oral cancer increase with exposure.

• Smokeless tobacco use was found to be higher in the rural areas of the State and lower in metropolitan areas. Strong marketing strategies have proved effective for the increase in use.

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Source: https://www.industrydocuments.ucsf.edu/docs/pfbl0000

Children who live with smokers

- 47% (205,000) of Wisconsin children 0-5 years old are exposed to tobacco smoke; 40% of all children are exposed.

Cigarette brands of children and adolescents

- Marlboro is the preferred brand of 69% of male and 68% of female adolescents. The Camel brand is preferred by 11% of males in comparison to 5% of females. White (71%) and Hispanic (61%) teens use Marlboro, while Black teens prefer mentholated brands of Newport (61%), Kool (11%), and Salem (10%).

4. Ethnic Minorities

Although comprising less than 10% of the total state population, Blacks, Native Americans and Hispanics have the highest over all smoking prevalence rates in the state (sufficient data about Asian American smoking is not available). A substantial portion of these populations are concentrated in metropolitan Milwaukee and northern tribal reservations and are disproportionately found among other populations with high smoking rates: blue collar and service workers, the unemployed, low income pregnant women, and people with lower education levels.

Wisconsin's population is comprised of 92% Caucasian. The remaining 8% of the population is distributed as the following: Black 5%, Asian 1%, Native American 0.8%, and Other 0.9%. Persons of Hispanic origin comprise 1.9% of the State's population.

a. Blacks

Overall, black smokers suffer from smoking-related diseases including lung cancer at a rate far higher than whites. Tobacco promotion in inner city areas greatly exceeds promotion in white suburban areas and ethnic minorities have been especially targeted in recent years. While to focus solely upon these populations would fail to reach the quantitative goals of ASSIST, the devastating health effects of smoking upon these populations must be addressed.

Black smokers report smoking fewer cigarettes, but the cigarettes are more likely to be higher in tar and nicotine. Cigarettes higher in tar and nicotine are associated with higher rates of lung cancer incidence. Black men and Hispanic men have higher initiation rates (those who start smoking/those who have never smoked) in comparison to non-Hispanic Caucasian men.

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Source: https://www.industrydocuments.ucsf.edu/docs/pfbl0000

Black men start to smoke at a later date in comparison to white men. Overall, black smokers suffer from smoking-related diseases at a higher rate than white smokers. Black men are more than 1.5 times more likely to develop smoking related cancers than white males. Blacks are more likely to smoke mentholated cigarettes. Popular brands are Newport, Kool, and Salem.

About 80% (196,000) of the State's Black population (245,000) reside in Milwaukee County. In Wisconsin approximately 70,000 Black men and women (18+ years) smoke cigarettes.

b. **Hispanics**

Latino/Hispanic population consists of people from 19 countries and is very heterogenous despite a common language. Some are US citizens and some are newly arrived residents. Many speak only Spanish, some are bilingual, and some speak only English. This diversity lead to various health attitudes, health knowledge, health status, and health care utilization. In addition, there are significant socioeconomic and cultural barriers to access and utilization of the health care system.

Many Latino and Hispanic community members either cannot get access to health care or receive health care via Medicaid providers. Thus, to name the most appropriate health care sector to reach this community is very difficult. ASSIST Wisconsin needs to conduct more research and key informant interviews to identify the most relevant sectors. Staff will obtain and review the Directory of Agencies and Organizations for the Spanish Speaking in Wisconsin to identify agencies and key community contacts.

Of Wisconsin's 54,000 Hispanic adults (18+ years), almost half (48%) live in Milwaukee County. In Wisconsin about 32% (17,000) Hispanic adults smoke cigarettes. Hispanic men have higher initiation rates (those who start smoking/those who have never smoked) in comparison to non-Hispanic Caucasian men. Hispanic men start smoking at a younger age than non-Hispanic Caucasian men. Hispanic smokers prefer Marlboro.

c. **Native Americans**

Of Wisconsin's 25,000 Native American adults (16+ years), only 18% live in Milwaukee County. A survey of one group of Native Americans found that over 68% of adults were current smokers.

5. <u>People with Lower Education Levels</u>

This is a population which cuts across ethnic, racial, gender and some occupational levels. Statistically, the lower the

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Source: https://www.industrydocuments.ucsf.edu/docs/pfbl0000

educational level attained, the greater the likelihood the person will be a smoker. About half of the adult population with less than a high school degree have not quit smoking. This correlates with lower socioeconomic status. Thus, whichever other population ASSIST efforts target, those segments with lower education levels must receive special attention.

Groups with especially high smoking rates and/or who face the heaviest smoking related health risks include low income pregnant women, current and adult school drop outs (especially white males), adult black males, all Native Americans, and the unemployed.

The following describe important rationale for selecting people with lower educational levels as a priority for ASSIST Wisconsin.

Wisconsin smokers

- There are approximately 1,000,000 adults, adolescents, and children who smoke in the State.

Characteristics that differentiate smokers from those who do not smoke

- Of all personal characteristics, educational attainment is the one most strongly associated with smoking behavior.

- Education approximates socio-economic factors, such as income, occupation, residence and social networks. For example, persons with a high school diploma or less are more likely to be in blue-collar jobs than those with more education.

Smoking behavior differences between those with high school diploma and those without

Smoking rates vary by level of education in younger age groups. During 1987-1989 information was collected about smoking and education from Wisconsin adults. The results are outlined in the following table.

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Source: https://www.industrydocuments.ucsf.edu/docs/pfbl0000

Table II.E. **Smoking Rates by Level of Education in Younger Age Groups - Wisconsin - 1987-1989.**

Age, Smoking Status	Education		
	< High School	High School	> High School
18-34 Years			
Current Smoker	56%	38%	19%
Former Smoker	17%	15%	18%
Quit Ratio*	23%	28%	48%
35-54 Years			
Current Smoker	50%	34%	22%
Former Smoker	26%	27%	32%
Quit Ratio*	34%	44%	59%
55+			
Current Smoker	13%	18%	16%
Former Smoker	31%	33%	36%
Quit Ratio*	70%	65%	52%

* Percent of ever smokers who have quit (Former smoker/Ever smoker)

• For adolescents under 18 years of age, school drop-outs have a 43% smoking rate. (Males 52%, females 33%). White school drop-out smoking rate is 46%, while Black drop-out smoking rate is 17%.

D. COALITION PROCESS

The Coalition members were surveyed and asked to list in priority order, those groups that they considered to be the most important to reach through ASSIST. There was consensus among the more active members (ALA, ACS, AHA, Cancer Council, DOH, and SMS) regarding the groups selected.

It should be noted, however, that it was difficult to get some of the members to respond. Most of them reported that they had been presented too much information during the course of several months. We suspect that they gave little attention to the selection of the priority groups. Coalition and executive Committee members received and reviewed the site analysis draft. This version reflects numerous comments by several members.

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Source: https://www.industrydocuments.ucsf.edu/docs/pfbl0000

In addition, there has been limited involvement thus far by minorities. There is only one minority organization (Urban League) currently represented on the coalition. In addition, we have had very negative feedback from a representative of the Milwaukee Chapter of the National Milwaukee Chapter of the National Black Nurses Association regarding our lack of involvement of community organizations thus far.

We plan to address these issues in the next month, with the following changes:

- Kenneth Baldwin, the newly appointed director of the Bureau of Public Health, will replace Ivan Imm on the Executive Committee. He will be a representative for DOH.

- The Great Lakes Intertribal Council, the Black Health Coalition of Wisconsin, and the Milwaukee Chapter of the National Black Nurses Association have been invited to join the Coalition.

- The local ASSIST Coalition in Milwaukee is forming a Tobacco Task Force under the Milwaukee Coalition on Alcohol and other Drug Abuse, which is a grass-roots, inner city organization.

- Sandra Underwood, a UW-Milwaukee professor, will represent ACS on the Executive Committee.

- The urban league representative has been appointed to the Coalition Steering Committee.

The Executive Committee has approved staff plans to recruit advisory work groups to assist the project in reaching minority populations and incorporating minority perspectives.

We plan to take the site analysis back to the coalition, and discuss it at our Coalition Meeting in November. The site analysis will be utilized, along with local coalition data, to develop the Comprehensive Tobacco Control Plan.

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Source: https://www.industrydocuments.ucsf.edu/docs/pfbl0000

III. CHANNEL ANALYSIS

This chapter identifies the channels that will be the most appropriate for reaching the various target groups. The first section reviews the channels that have been determined to be most appropriate for reaching the members of the various target groups. The second section describes sectors within these channels greater detail, including the attributes, intermediaries, linkages, and barriers. The final section uses a grid to synthesize the information, to permit consolidation of interventions in channels that reach multiple target groups.

A. IDENTIFICATION OF CHANNELS MOST APPROPRIATE FOR EACH OF THE TARGET GROUPS - METROPOLITAN MILWAUKEE INTERVENTION REGION

The target groups selected include blue-collar/service workers, reproductive age women, youth, people with low educational levels and people of color. These groups are the same as those identified in the state channel analysis section. An overriding similarity between both channel analyses is that the target populations overlap in several channels and interventions focused on one target group may also reach other groups. The following discussion characterizes the most significant channels for each target group.

1. Blue-collar/Service Workers

The most significant channel to reach blue-collar and service workers is identified as the **worksite.** Many companies still do not have smoke free or restricted smoking policies in effect for blue collar workers. In some instances, companies have instituted smoking policies for white collar workers but purposely exclude their blue collar employees because of fear of union reactions. The primary focus would be to work towards the adoption of comprehensive smoke free policies that affect all employees. Emphasis can also be placed on the individual employees contact with health care providers either at work (i.e., through company physicians' or nurses' routine assessment and counseling of employees who smoke) or at a personal physician's office. Lastly, community attitudes towards smoking must be changed to facilitate behavior changes. Family members have been identified as the most influential group for blue-collar and service workers. Media advocacy is seen as a significant change agent for the dissemination of accurate health risk information and social standards.

2. Reproductive Age Women

The perceived channel most appropriate for women of reproductive age is the **health care setting.** As the primary health decision maker for the family and themselves, their access to and routine

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Source: https://www.industrydocuments.ucsf.edu/docs/pfbl0000

use of medical care makes this channel an important contact point for this target group. Women of this age are concerned about their appearance, health and the health of their families. Both private and public primary health care providers may have the most impact in identifying and counseling women who smoke. In addition, the media should be targeted as a key sector to disseminate accurate information about the health risks of smoking for the smoker and her family members, especially her children. Media could also emphasize alternatives to smoking as coping mechanisms for stress and dispel the "myth" of smoking and glamour.

3. **Youth**

Identifying and preventing youth access to tobacco is a crucial step to reducing use. Both conventional and unconventional access methods should be recognized to mobilize community forces to initiate policy and environmental changes. Youth are most affected by their peer group. Appropriate, age-specific curriculum should be utilized in the school systems that will involve the use of peer presented programming and would empower non-smoking youth to influence and prevent smoking behaviors in their peer groups. The **school setting** can also access parents to educate and influence attitude changes in this group.

4. **Ethnic minorities**

Milwaukee is a city composed of many diverse ethnic groups. The city has a large minority population including African Americans (20%) and Hispanics (4%). After numerous discussions with key informants, the **community group**/center channel was identified as the key access point for people of color. Neighborhood community centers, local churches, social or professional organizations, all are recognized as providers of credible information and which can influence behavior and actions within these groups. Recognized community leaders are respected sources for social and health concerns. Health care providers (physicians, nurses, social workers, alcohol/other drug counselors) can also contribute by their work within the community health care centers. The traditional health care system is not readily accessible nor trusted by this target group. The advice from key informants suggested reaching out to people of color "where they live and play."

Unfortunately, members of the Black Health Coalition of Wisconsin and the Milwaukee Chapter of the National Black Nurses Association have expressed serious concern with Project ASSIST in Milwaukee. Their concerns center around the lack of initial involvement and participation in the planning phases of ASSIST for Milwaukee as well as the absence of minority representation in ASSIST nationally and statewide. This is a serious obstacle for the local Milwaukee coalition. The Milwaukee ASSIST coalition is formed through the Milwaukee Coalition Against Drug

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and Alcohol Abuse, a minority led community advocacy group. It has strong connections with the Milwaukee Fighting Back Initiative. ASSIST's relationship with MCADAA is critical to the project's future success.

5. **People with Low Education Levels**

As identified in the state channel analysis, people with low educational levels can be members of several target groups. These individuals may be reached through already stated channels. The most relevant channel for this group seems to be community groups. Many individuals with low education levels can be reached through their contact and participation in social services, community organizations (i.e., churches or clubs) or other public health care services.

The homeless population in Milwaukee presents a particular problem. Some members of this group fall into the category of people of low educational levels. Several local community organization provides health and social services to these individuals. Smoking behavior is not a priority health concern for the homeless.

B. IDENTIFICATION OF CHANNELS MOST APPROPRIATE FOR EACH OF THE TARGET GROUPS - BALANCE OF THE STATE

The target groups selected represent high priority groups in the state. However, it should be emphasized that these groups have considerable overlap. Therefore, interventions designed to reach blue collar workers will also reach women, minorities, and persons of lower education that are in the workforce. This overlap is demonstrated in the table at the end of this section. Below, we describe the most important channels and sectors that will be used to reach the various target groups.

1. **Blue-collar/Service Workers**

Blue collar workers are an important group to reach. These workers will be targeted primarily through worksites. First, efforts will be made to extend the protection provided by the clean indoor air act to workers in settings other than offices. In addition, primary care providers will be encouraged to identify all smokers in their practice, especially those employed in blue collar occupations. Finally, environmental changes will be attempted, such as bans on advertising at sporting events and increases in price through increasing the excise tax.

2. **Reproductive Age Women**

Women of reproductive age are an important group because of their relationship in the family. These women who smoke will be next reached through the health care channel. Women visit doctors often during this age, and office based cessation programs are

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Source: https://www.industrydocuments.ucsf.edu/docs/pfbl0000

well-described and readily available. In addition, low income women will be reached through public health and family planning clinics.

3. Youth

The prevention of smoking is critical, if smoking rates are to be lowered in the future. Youth will be targeted through schools, by implementing and strengthening existing prevention curricula. In addition, existing laws to restrict youth access to cigarettes will be enforced through community activism.

4. Ethnic minorities

Ethnic minorities represent a diverse population, both in terms of race, ethnicity, income, and education. Therefore, interventions designed to reach this population will need to be equally diverse and responsive to the community's needs and concerns.

Important sectors for consideration for blacks and Hispanics living in the poorer areas of Metropolitan Milwaukee will be community health centers and family planning clinics. For those with insurance coverage the most appropriate sector may be primary care providers (e.g., physicians in family/general practice and internal medicine and nurses). Access through the Medicaid program will also be examined.

The most appropriate health care sectors to reach Native Americans are: the primary care providers and nurses working at tribal clinics, community health nurses, community health representatives, and providers of care at the Indian Health Board in Milwaukee. Of the 11 tribes in Wisconsin, 7 have their own clinics with a physician and other support staff. The other tribes contract out to local providers for health care. All tribes hire community health nurses for basic community health services.

Most reservations have community health representative (CHRs) who are usually tribal members. CHRs are paraprofessionals who receive three weeks of training from the Indian Health Service for such topics as basic first aid, CPR, and taking vital signs. The CHRs are the liaison between the tribal community and the medical system. CHRs conduct outreach, home visits, provide transportation to tribal clinics or off reservation clinic. Under the direction of the community health nurse, CHRs plan and provide prevention and health promotion to the tribal members through community education, screening, newsletters, and group activities.

Finally, the Indian Health Board in Milwaukee is a community health clinic designed to provides health services to low income

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Source: https://www.industrydocuments.ucsf.edu/docs/pfbl0000

populations (particularly Native American residing in Milwaukee) in a medically under-served area.

5. **People with Low Educational Levels**

People with lower educational levels cut cross ethnic, racial, gender, and some occupational levels. In addition, the lower the educational level a person has attained, the lower their socioeconomic status. This target population includes some people from other target populations, such as blue collar workers, women, and minorities.

One subgroup of this population which has not been covered by the other populations are underemployed and unemployed white males. This subgroup may either have no health insurance or may be Medicaid eligible. Underemployed or unemployed white males do not seek routine or preventive health care. Members of this group are unlikely to have health insurance, although some may receive Medicaid benefits.

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Source: https://www.industrydocuments.ucsf.edu/docs/pfbl0000

CHANNEL AND TARGET GROUP SYNTHESIS

As part of the channel analysis, ASSIST Wisconsin staff, with input from community contact interviews, attempted to synthesize the information about the channels and how they can be used to access the various target groups (see table). This table was developed after collecting information about each channel. The scores represent the capabilities as well as potential of that sector to reach the persons in the target group:

0 = Reaches very few of the target group (0-10%)
1 = Reaches some of the target group (10-33%)
2 = Reaches about half of the target group (33-66%)
3 = Reaches most of the target group (66-90%)
4 = Reaches nearly all of the target group (90-100%)

These were determined using a group consensus process and the information collected during key informant interviews.
This table permits the reader to scan across the various sectors to determine the reach of this sector into the priority groups. The reader can also scan down the columns to determine which sectors are the most important for a specific priority group. We plan to take this table back to the coalition to get their input on the estimates and to add other sectors. There are two interpretive grids; one for the Milwaukee intervention region, and the other for the remainder of the State.

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Source: https://www.industrydocuments.ucsf.edu/docs/pfbl0000

Balance of Wisconsin Intervention Region

	Blue Collar Workers	Women (18-44)	Youth	Persons with Lower Educ.	Minor-ities
HEALTH CARE					
Primary care providers	2	3	2	1	1
Occupational nurses	2	2	0	0	1
OB/Gyn providers	1	4	2	2	2
Public health departments	1	2	1	1	3
Reimbursement/ Medicaid	2	2	0	2	1
SCHOOLS					
Primary and secondary	0	0	4	1	1
Government organizations	1	2	4	0	0
Post-secondary	2	2	1	2	1
Schools as worksites	1	1	0	1	1
WORKSITES					
OSHA regulations	2	2	0	1	2
Trainings	2	2	0	1	2
Business networks	3	2	2	1	1
Unions	2	1	0	1	1
Voluntary agencies	2	2	0	1	1
Safety/health personnel	2	2	0	1	1

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Source: https://www.industrydocuments.ucsf.edu/docs/pfbl0000

	Blue Collar Workers	Women (18-44)	Youth	Persons with Lower Educ.	Minor-ities
COMMUNITY GROUPS					
AODA groups	1	1	3	1	2
Social service	2	2	2	2	2
Health networks	1	3	2	1	0
Ethnic/ minority	1	1	2	2	2
Social org.	2	3	1	2	3
COMMUNITY ENVIRONMENT					
Radio, TV	3	3	4	2	2
Newspapers	1	2	0	1	1
Billboards	3	2	3	3	3
Promotional materials	2	2	1	2	2
Recreational events	3	2	3	3	2

Key:

0 = Reaches very few of the target group (0-10%)
1 = Reaches some of the target group (10-33%)
2 = Reaches about half of the target group (33-66%)
3 = Reaches most of the target group (66-90%)
4 = Reaches nearly all of the target group (90-100%)

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Source: https://www.industrydocuments.ucsf.edu/docs/pfbl0000

C. DESCRIPTION OF SELECTED CHANNEL SECTORS AND INTERMEDIARIES - METROPOLITAN MILWAUKEE INTERVENTION REGION

This section describes each of the channel sectors in detail, including the attributes of the sector, the major intermediaries, and the barriers. The information is based upon numerous interviews with key individual informants and coalition members. Because Milwaukee County and the City of Milwaukee are the largest centers in this region, much of the information here is focused on Milwaukee. Local coalitions are present in the Cities of Milwaukee and West Allis, and in Washington County. Waukesha is considering formation of a coalition. A cooperative structure for the metropolitan areas will be examined by the Project. This cooperative structure would include Racine and Kenosha which share many media and health services.

1. HEALTH CARE CHANNEL

Within the health care channel in Milwaukee as in the State, similar sectors can be considered:

* Primary providers of health care (i.e., physicians, physician assistants, nurses, nurse clinicians, specialists or practitioners, dentists, pharmacists, and chiropractors)

* Health care settings or facilities where the providers practice (i.e., clinics, hospitals (both public and privately owned, either profit or not-for-profit), private offices, public health settings or agencies, such as community centers, family planning clinics, local public health agencies (City of Milwaukee Health Department) and home health agencies

* Health care reimbursement system or the means of reimbursement for health care provided. This system includes private and commercial insurance, health maintenance organizations (HMO's), Medicaid, Medicare and Healthy Start.

The following details significant health care sectors for the various target groups and describes the major intermediary groups, barriers and linkages that may affect their influence on the target groups.

a. Primary providers

Attributes: Primary health care providers (physicians or nurses, especially occupational health nurses) have access to blue-collar and service workers in the clinic, office or worksite. Many worksites employ occupational health nurses to conduct routine employee health screenings that assess both cardiovascular and respiratory health. Physicians are also hired to carry out

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Source: https://www.industrydocuments.ucsf.edu/docs/pfbl0000

medical examinations for employees who work in higher risk positions. Health promotion programs, including tobacco centered education, are implemented by occupational health nurses at work sites. Primary care physicians were also identified as having impact on blue-collar and service workers in private health care settings.

Major Intermediary Groups: The major local intermediary group for Milwaukee occupational health nurses is the Southeast Wisconsin Occupational Health Nurses Association. This group meets monthly at various area locations and produces a monthly newsletter. The group is a part of the larger state association which sponsors an annual conference.

The Milwaukee County Medical Society is the major intermediary physician group. The County Medical Society has two committees (Public Health and Public Education) that could provide leadership and information regarding Project ASSIST goals to its membership. Other counties in the region are similarly organized.

Linkages and Barriers: Many occupational health nurses are involved in health promotion programming at the worksite, especially tobacco targeted education. These nurses frequently implement ALA or ACS smoking cessation programs, as well as participate in the annual ACS Great American Smokeout. These linkages as well as the state Occupational Health Nurses Association's membership on the Tobacco-Free Wisconsin Coalition will help facilitate participation and involvement in Project ASSIST.

A potential barrier for workplace nurses is the lack of uniform smoking policies. In addition, workers may view any health promotion efforts with skeptically as an infringement on their personal rights. They may not participate in programming if the union has not formally endorsed it. Past cessation programs have failed because of inadequate financial resources, lack of convenient times and locations, and an overall lack of worker motivation or desire to quit using tobacco.

The Milwaukee County Medical Society can access many physicians in Milwaukee with tobacco related issues. This linkage can support the dissemination of information to physicians who provide care and counseling to blue-collar and service workers in the private and work site settings.

While the Milwaukee County Medical Society does have access to nearly all physicians in Milwaukee, this access does not assure active physician involvement in smoking intervention efforts for patients. In addition, many blue-collar and service workers see their primary care physicians only when health care problems arise, not for routine health screenings.

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b. Reproductive Health Care Providers

Attributes: This sector has access to reproductive age women and teenage girls. These providers may work in private or public settings. For some women, their personal physician is the most significant link to health care information and services, especially their OB/GYN physician. Women in this group seek and receive routine health care services focused on their reproductive health. Other identified health care providers in this sector include nurses in private and public health settings as well as other complementary health care counselors such as alcohol and drug abuse counselors.

Major Intermediary Groups: Major intermediary groups include the specific health care provider professional affiliation groups, such as the Milwaukee County Medical Society, local specialty societies or the Milwaukee District Nurses Association whose membership includes 580-600 nurses from all disciplines. Another potential intermediary group for nurses is the Wisconsin Association of Colleges and Schools of Nursing.

Planned Parenthood of Wisconsin is a major intermediary group for practitioners in family planning clinics and for Title 10 monies for family planning clinics in Milwaukee. It offers two trainings per year for clinicians, delegate agency staff and Division of Health sites. All other training sessions are open to other non-Planned Parenthood staff.

Other identified organizations that provide tobacco related information and resources to these health care providers include the March of Dimes, the ACS and the ALA.

Linkages and Barriers: A significant linkage for ASSIST to this group is the membership of the state affiliates of these intermediary groups, i.e., the March of Dimes, the American Cancer Society, the American Lung Association, the State Medical Society and the Wisconsin Nurses Association on the Tobacco Free Wisconsin Coalition. Through this linkage and by recruiting district or county association membership on the local Milwaukee coalition, input and information exchanges can occur with these health care providers. Thus far representatives of the ACS, the ALA and the Milwaukee District Nurses Association have been invited to participate on the Milwaukee Coalition's Tobacco Control Task Force.

Every client who visits Planned Parenthood family planning clinics in Milwaukee completes a health assessment form that addresses tobacco use and encourages quitting. At follow up visits, tobacco use is investigated and health risk information is provided.

Unfortunately, tobacco use counseling can be secondary if clients have other health problems needing immediate attention, i.e.,

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sexually transmi'. For healthy patients, there is usually more timother health issues such as tobacco use. With each ime available to address health concerns varies t times may be limited. Additionally, thversy surrounding Planned Parenthood's rolmediary for Title 10 funds in the state. In the fu not be the designated intermediary.

c. W Services Programs

Attributes: In area, several major hospitals provide a women'mation/service program that reach out to all women hose of reproductive age. St. Luke's Medical C Francis Hospital on Milwaukee's south side have ed programs that include free or low-cost health d newsletters. Sinai Samaritan Medical Center i downtown area offers a women's health services community. Other hospitals which promote health sming to women include Columbia, St. Joseph's, St. Mi. Mary's. Each one could be asked to participate i e Coalition's Tobacco Control Task Force.

Major Intermedia e Hospital Council of Greater Milwaukee provid ospitals and hospital staff and has been active in t of smoke free policies. The Wisconsin Hospit, a member of the Tobacco Free Wisconsin Coalit link to the Milwaukee hospitals. Many of the staf the women's health services include nurses who could hrough the Milwaukee District Nurses Associati

Linkages and Bar eir representation on the Tobacco Free Wisconsin C isconsin Hospital Association is already aligned SSIST. The Milwaukee District Nurses Associatioroached for participation in the local Milwaukee on and is interested in expanding its role to comm ation. The issue of tobacco use and health risks amily members is certainly an appropriate topi ealth programs to address and has been provided by st. By participating in ASSIST, local hospital's ervices could position themselves as leaders in a ffort to further their health care goals for women g their marketing potential and outreach.

With the current alth care market in Milwaukee, especially amongs, there may be an unwillingness to work cooperatunity project. Women's health services are supr marketing and community visibility potenay be a hesitancy to disperse their marketing om their sponsoring hospitals.

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d. Community Centers and Public Health Clinics

Attributes: Community Health Centers and Public Health Clinics may be a way to reach three of the target populations: people with low educational levels, ethnic minorities and reproductive age women.

One of the major access points for reproductive age women of moderate to low income is through the WIC programs of Milwaukee County. The programs are located at four public health clinics of the city health department and covering the central city, north, west and south side. Other community health centers offering WIC include the Milwaukee Indian Health Board, Wee Care WIC, Teen Pregnancy Services, Seeds of Health, Inc., the Sixteenth Street Community Health Center and the West Allis Public Health Department. Combined, these WIC programs serve 33,025 women, infants and children in the Milwaukee area (approximately one-third of the total population served through WIC statewide). Tobacco use is assessed for all pregnant women and is considered a determined risk factor with appropriate counseling provided.

The City of Milwaukee Health Department coordinates the Milwaukee Blood Pressure Program for underinsured and uninsured adults between the ages of 18 and 55. As a part of the blood pressure screening process, individuals are assessed for tobacco use, receive risk factor counseling and are referred for smoking cessation. The program serves approximately 10,000 to 12,000 individuals. The Health Department through this program has also presented smoking related programs to work sites, community groups, schools and universities in Milwaukee. The city health department is also the lead agency for a suburban blood pressure program consortium. As the lead agency, they provide assistance with training needs, health education, screenings and data collection.

Other community health centers (e.g., 16th Street Community Health Center, Hillside Community Center, Silver Spring Neighborhood Center, Milwaukee Indian Health Board) have been identified as sectors to outreach to people of color and low education levels. These centers, well-known in these communities, are respected for the quality of the services they provide.

Major Intermediary Groups: The major intermediary group for the WIC sites and the Milwaukee Blood Pressure Program is the Division of Health Regional Office located in Milwaukee. The staff provide state direction, support and supervision for these programs. Some key intermediary groups for community health centers have been identified as the Black Health Coalition of Wisconsin, the Milwaukee Chapter of the National Black Nurses Association, the Fighting Back Initiative, the Community Brainstorming Conference and the Black Political Network. These

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organizations and their leaders have a great impact on the community in Milwaukee.

Linkages and Barriers: The outreach and scope of the WIC programs in Milwaukee will increase the opportunity to address the tobacco issue with reproductive age women, as well as network with the DOH Regional Office in Milwaukee. The City of Milwaukee's Blood Pressure Program, as a leader in the suburban consortium, can provide access to these cities as well as to the Milwaukee area.

2. SCHOOLS

The School Channel has the potential of reaching large numbers of youth and their parents in the Milwaukee area. The American Cancer Society, American Heart Association and the American Lung Association all work in Milwaukee schools through program and fund-raising activities. These voluntary agencies are looked to for curriculum and health information needs.

The major school system in Milwaukee is the Milwaukee Public Schools (MPS) system. Other private, denominational primary and secondary schools also offer an alternative to the public schools. There are several post secondary schools both private and public. The major public, post secondary schools include the University of Wisconsin-Milwaukee (UWM), the Milwaukee Area Technical College, the Waukesha Area Technical College, and the University of Wisconsin-Extension. There are four major, private post secondary schools in the city. These include Marquette University, Alverno College, Mount Mary College and Cardinal Stritch College. Several other colleges exist in the surrounding suburbs and counties.

a. Primary and Secondary Schools

Attributes: All schools, including MPS administrative offices, are smoke free. By state law, all employees, teachers and students are prohibited from smoking on school grounds and within 500 feet of the buildings. MPS employs a Curriculum Specialist for Health and Physical Education. The health curriculum includes specific objectives regarding tobacco use for grades three through twelve and there are opportunities for discussion about how tobacco affects the body in kindergarten through grade two. All health textbooks have sections that deal with tobacco, alcohol and other drugs. In many MPS schools, Student Assistance Programs have been implemented with specific teachers identified as program coordinators. These programs offer quit smoking clinics for students as well as actively participate in ACS's Great American Smokeout. Just Say No Clubs are also operating within MPS. Older, trained students offer primary prevention health programs to elementary students. One lesson is focused on tobacco issues. Feedback from these programs have established them as effective methods for reaching younger students. The ALA

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has a very successful program in the school system entitled, Students Teaching Students whereby trained high school students present tobacco education presentations to younger students.

The MPS has a school age parents program located at the Lady Pitts Center. Tobacco use is addressed as part of the perinatal health classes which is presented by a health teacher. There is an Alcohol and Other Drug Abuse staff member at the center. Tobacco use prevention posters and signs are also displayed.

During the 1991-92 school year, the Milwaukee Rotary conducted the Milwaukee Area Youth Survey in all MPS middle and high schools. This survey included questions regarding tobacco use. The summary data provided information considering grade level, age, sex and ethnicity. This data has been made available to the Milwaukee coalition's Tobacco Control Task Force. In both the middle and high school levels, the number of white students who used tobacco products was greater than the majority of students of other ethnicities. For example, 32.48% of white middle school students answered false to the question, "I never used tobacco products," whereas only 23.08% of the black students answered false.

The city health department has a nurse liaison with MPS. Public health nurses and health educators work with individual schools providing health and educational services and programming for the faculty and students.

The group identified that has the most influence with youth is their peers. Teachers, parents, family members and school nurses also were identified as having impact on youth attitude and behavior towards tobacco. Consistent messages targeted towards the immediate negative side effects of tobacco use is one avenue to provide information regarding tobacco to both older and younger students. Positive peer pressure and peer presented programs are other critical elements to school health curriculum.

Major Intermediary Groups: Major intermediary groups for teachers and other health professionals in the schools include the Wisconsin State Health Council, a multi-disciplinary group focused on health issues and its national organization, the American School Health Association. Other state organizations include the Wis. Dept. of Public Instruction and the local regional Cooperative Educational Service Agency (CESA #1) located in West Allis.

The University of Wisconsin System runs continuing education courses and conferences for teaching staff. Teachers must earn six credits every 5 years to keep their certification current. The MPS provides in-service credits for teachers and merits are awarded for attendance through the pay scale.

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The city health department is also an intermediary group for this sector as their staff provides nursing and health education services to individual schools in the MPS system. The local voluntary health organizations are looked to as a resource for curriculum. The ACS, the ALA and the AHA all have developed and marketed school health education materials. Other local community groups can be included as intermediary groups such as the Milwaukee County Fighting Back Initiative, whose goal "is to develop a coordinated system for prevention and treatment that will enable our community to measurably reduce alcohol and drug abuse with the Central City." The Milwaukee Council on Alcoholism is another group that provides information and resources to the schools.

Linkages and Barriers: The major voluntary groups, the AHA, ACS and ALA, are all members of the state coalition, are headquartered in the metropolitan area (ACS will move there in January 1993) and have extensive contact with local schools. All three work cooperatively in the Smoke Free Class of 2000 educational effort. Each agency is also recognized by the local community as excellent resources for health programming. The Wis. Dept. of Public Instruction is a member of the state coalition, providing further linkage with Project ASSIST.

Among the barriers sighted for reaching youth in the schools is the strong cultural acceptance of tobacco use. Students adopt the behavior they see in society and especially in their own families with regard to tobacco use. Students have cited older siblings and parents as voluntarily providing them with tobacco products.

Many teens do not view parents and teachers as influential formal providers of health messages regarding tobacco use for teens. Peers play a significant role in the development of self-concept and behavior choices.

b. Post Secondary Schools

Attributes: The major post secondary schools in Milwaukee include both public and private institutions. The larger schools include Milwaukee Area Technical College (MATC), the University of Wisconsin-Milwaukee (UWM), the University of Wisconsin-Extension and Marquette University. Both UWM and Marquette have large numbers of commuter students who live at home in the city or in the suburbs. MATC is the major technical and vocational college for adults. It has extensive outreach to the surrounding Milwaukee community. Waukesah Area Technical College plays a similar role.

Other post-secondary schools in Milwaukee include several private colleges who are affiliated with a religious denomination: Alverno College, Mount Mary College, Cardinal Stritch College. Several other private colleges are located in the nearby suburbs.

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These colleges appeal to both younger and older adults who are pursuing educational and professional growth and enhancement. In addition, there are numerous smaller post-secondary specialty schools who outreach to the adult community.

Many of the larger schools have bachelor and master level degree programs in health care, including nursing, physical therapy, health care administration and medical technology. Marquette Dental School offers programs for dental hygienists and dentists. MATC has a large two year nursing program. In addition, the schools also provide on-campus health care and health education programming through their student health services.

Major Intermediary Groups: A major intermediary group for MATC is the Wisconsin Board of Vocational, Technical Adult Education with its central office located in Madison. This office can provide training and linkages to the campus for targeted groups. A major intermediary group for UWM is the central office of the University of Wisconsin System.

A potential intermediary group for all colleges and universities in the area is a group of student health service professionals who meet regularly to discuss student health concerns. This group, formerly the Wisconsin College Health Assoc., is now part of the North Central College Health Association and American College Health Association. The Wisconsin group still organizes and coordinates meetings for local and state schools at least once each year. This year the meeting is being held at Marquette University in Milwaukee.

Linkages and Barriers: Both the Wisconsin Board of Vocational, Technical Adult Education and the University of Wisconsin System are members of the state coalition. As was mentioned, the university and technical colleges offer health related curriculum inclusive of tobacco related issues to students in these disciplines. Through the MATC, health courses are a part of the general studies program, wellness or personal enhancement classes and through preparatory classes for health care occupations.

Additionally, the link through the former Wisconsin College Health Association group could provide direct access to the health care providers at the student health services. These individuals can affect students through direct patient care, health education programs on campus and smoking policy directives.

As many of the students at the local technical colleges are adults from blue-collar and service worker backgrounds, there may be a cultural resistance to educational and policy mandates regarding smoking. These students look to these schools for career enhancement programs not for health and wellness information.

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Many student health services have small staffs to accomplish their campus health goals. Primarily nurses, they are inundated with primary health care concerns of a short term nature and are at times hard pressed to be in leadership roles with regard to larger campus issues such as smoking policy development.

c. Schools as worksites

Attributes: The various schools employ large numbers of all levels of employees including teachers, administrative staff and service workers. Many of the larger organizations offer employee assistance programs to their workers. The MPS (1991-92) employed 6,252 teachers, 276 principals and assistant principals and over 6,972 other employees, including engineering, cleaning, food service, clerical/office and repair/service workers. An employee assistance program is available to all MPS employees and includes tobacco cessation programs at no cost to the employee.

Major Intermediary Groups: The Milwaukee Teachers Education Association is a 9,000 member union, recently affiliated with the Wisconsin Education Association Council (WEAC), representing teachers, school aides, and accountants in the school system. It endorses the ACS Great American Smokeout annually and provides anti-tobacco exhibits at the annual convention.

The following unions are also present in the MPS work force: the Administrators and Supervisors Council represents central office supervisors, principals, assistant principals and recreation supervisors; Local 1616 represents material handlers, truck drivers and purchasing employees; Local 1053 represents clerical staff; Local 950 represents engineers and boiler attendants. Local 150 has two groups; one represents building supervisors and helpers, another represents food service workers and handicapped children's assistants. PAMPS (Psychologists Association in the Milwaukee Public Schools) is a union in MPS representing psychologists.

Another intermediary group may be the employee assistance programs that are available to all workers in a school system, as the employee assistance program at MPS. The Employee Assistance Professionals Association (EAPA) is a potential intermediary group for local employee assistance programs. EAPA is the industry association for employee assistance programs.

Linkages and Barriers: WEAC is a member of the statewide Tobacco-Free Wisconsin Coalition that will reach the Milwaukee Teachers Education Association membership.

A major barrier is the numerous unions representing specific worker classifications. Each group has varying levels of education, training and worker identification. Outreach to these various groups and their leadership may be extremely difficult.

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d. PTA/PTO

Attributes: The largest PTA group in Milwaukee is in the Milwaukee Public Schools. All schools are mandated to have some form of parental involvement. Fifty-four schools have PTA groups and others have some type of parent advisory council. The formal PTA structure and communication system includes a City Council PTA President who works with a 32 member board consisting of PTA members, MPS representatives and community members. This board meets bi-monthly with opportunities for guest speakers. There are also four area advisors with responsibility for the schools in their section. Two-way communication is encouraged between PTA groups, the Board and area advisors. In addition, bi-monthly general council meetings that provide opportunities for informational programs and guest speakers. Lastly, communication is facilitated through a monthly newsletter mailed to all local PTA presidents, all school principals and other interested organizations.

In addition to the MPS PTA groups, local, private primary and secondary schools also involve parents in PTA/PTA or home and school associations.

PTA/PTO and home and school associations can reach women and blue-collar and service workers who are parents of students in school.

Major Intermediary Groups: The larger PTA board and council president are major intermediary groups for the MPS schools in this sector. The formal PTA group outreaches to all MPS school parent groups including less formally organized parent advisory councils.

Linkages and Barriers: The opinion of the MPS City Council PTA President is that there will be mixed reactions from parents at various PTA's regarding ASSIST. Some members of her board and many parents of school children are smokers. The level of participation varies in local school PTA's with more involvement from Milwaukee's south side, less involvement in the north side and very little in the central city.

A potential linkage is the smoke free policy in place in all MPS buildings. Local PTA groups meet in MPS school buildings. The City Council PTA President is willing to learn more about Project ASSIST and would potentially bring this information to her board and general council.

3. WORKSITES

There are approximately 19,000 worksites in Milwaukee, employing approximately 630,000 persons. The majority of sites employ blue-collar workers (about 1/3 of the total Milwaukee work

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force). The second largest employer is the Professional/Technical category, with approximately 18% of the work force. The DOH maintains a listing of Milwaukee's employers by industry and size of establishment. Both smokers and non-smokers are affected by tobacco control policies and programs at the worksite.

a. Business Networks

Attributes: These organizations, such as the local chambers of commerce, provide businesses with information and assistance regarding a variety of pertinent issues. The Metropolitan Milwaukee Association of Commerce is the local chamber of commerce for Milwaukee and includes the metropolitan area. There are also various minority and specialty business networks operating in Milwaukee. These organizations include The Hispanic Chamber of Commerce of Wisconsin, located in and with its largest membership group in Milwaukee. There is a Milwaukee Minority Chamber of Commerce, a Milwaukee Indian Economic Development Association and a Wisconsin Women's Entrepreneur's Business Group, all located in Milwaukee.

Major Intermediary Groups: The major intermediary group for businesses is Wisconsin Manufacturers and Commerce (WMC). WMC has more than 3,000 member firms in Wisconsin. The Metropolitan Milwaukee Association of Commerce and other local business networks in Milwaukee can also be considered intermediary groups for Milwaukee businesses. Another state organization concerned with health and safety issues is the Wisconsin Council of Safety. It holds a yearly congress with approximately 1,200 to 1,500 individuals, that focuses on health and safety issues.

The Wellness Council of Southeast Wisconsin is an organization of industrial employers and health care providers to promote wellness. The Health Care Network is an organization in Milwaukee that networks with Milwaukee area businesses. It is a coalition of major employers in the area and has access to a network of health care providers available at discounted rates.

Linkages and Barriers: WMC is a member of the state tobacco free coalition and is concerned with health promotion and disease prevention. There may be hesitancy however from the Metropolitan Milwaukee Association of Commerce because of the presence of Miller Brewing in Milwaukee. Other local business networks may not be able or interested in participating depending upon the size of their staff and organizational constraints.

b. Unions

Attributes: A large number of Milwaukee's blue-collar and service workers are union members. The city's labor force has a history of strong union support from blue-collar employees.

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Union members typically receive information from their union newsletter and meetings, international conferences, health and safety departments of the international unions, the locals' health and safety boards, national and international staff representing the locals in negotiations (and who serve as local advisors). The union membership receive information from the leadership in their locals. In some instances, health education or promotion programs can be unsuccessful in reaching workers because of lack of union support, i.e., blood pressure screening program. Workers may not participate if the union has not endorsed the program or event.

Milwaukee has numerous unions representing its labor force, e.g., the MPS unions, the Teamsters (Milwaukee has 8,000 members), and the Wisconsin State AFL-CIO, whose office is located in Milwaukee.

Major Intermediary Groups: The major intermediary groups for local unions in Milwaukee are the larger state groups, i.e., the Joint Council for the Wisconsin Teamsters Union and the Wisconsin State AFL-CIO. One identified network organization for unions is the WISCOCH, an organization that deals with health and safety issues and workplace injuries. An additional intermediary group in Milwaukee is the Milwaukee County Labor Council.

Linkages and Barriers: The union leaders and membership have been opposed to worksite smoking policies. Some unions have included smoking issues as a part of union negotiations and grievance procedures. The smoking policies have angered workers who have risked breaking the policy. Smoking policies have broken worker friendships as smokers and non-smokers sit in separate sections of break rooms or cafeterias. Workers feel that the company has no right telling them to quit smoking, especially since their work produces the company's profits. Smoking has been a socially acceptable norm for blue-collar workers. They see smoking as an individual right that employers are trying to take away.

The challenge for the local Milwaukee and other local coalitions is to involve union leadership in its efforts. The staff person at the Milwaukee ASSIST coalition has an extensive background in union organization and representation and has been in union leadership roles in the past. She is very familiar with the union organization in Southeast Wisconsin.

c. Voluntary Agencies

Attributes: Two of the major voluntary organizations in the state have their home offices located in the Milwaukee area, the American Heart Association and the American Lung Association. In

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several months, the ACS's State Office will move to Milwaukee. Both the AHA and ACS have local volunteer boards operating in the city of Milwaukee. Each of these agencies focus a great deal of programming efforts to Milwaukee work sites and have many volunteers in the metropolitan area.

The AHA's Heart at Work employee wellness program reaches numerous workers at worksites in Milwaukee and educates individuals about the major cardiovascular risk factors, including smoking.

The ACS offers worksite smoking prevention resources, cessation training and educational materials focusing on tobacco use and risk factor education. The Great American Smokeout is a major tobacco educational effort in worksites in Milwaukee.

The ALA works closely with work sites and provides educational resources and trainings in smoking cessation and policy development. Its programs include Freedom from Smoking, Coping Without Smoking and Freedom from Smoking in 20 Days.

Major Intermediary Groups: The major intermediary groups for these three organizations are their state affiliate organizations.

Linkages and Barriers: In Wisconsin, these three major voluntary organizations comprise the tri-agency coalition and are members of the state coalition. They all have strong volunteer leadership bases in the Milwaukee area. In 1988 they co-sponsored a statewide "Tobacco or Health" conference in Milwaukee to bring together people concerned about tobacco in health and education.

d. Safety and Wellness Personnel at the Work Site

Attributes: Several opportunities exist for worksite wellness programming that address tobacco control and cessation. Many safety or wellness personnel are occupational health nurses or health education specialists who coordinate wellness programming for all employees. Health promotion programs are presented to individual or large groups of employees. Employees sit on program advisory committees to provide input into programming issues. Wellness programs use employee surveys as ways to gather data regarding interest and needs for programs. Other wellness programming avenues include health fairs, posters, company newsletters and events such as the ACS Great American Smokeout.

Major Intermediary Groups: A major intermediary group for Milwaukee businesses is the Wellness Council of Southeast Wisconsin, whose membership includes 90 companies from the southeast area, primarily Milwaukee and Racine. The Council communicates with its members through periodic mailings and meetings and through its annual conference. The Council reports

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utilizing the ALA for cessation programming and policy development.

Another intermediary group is the Wisconsin Health Education Network composed of health education specialists and professionals in Wisconsin. The network has a mailing list of members and routinely communicates to its members through a newsletter.

Linkages and Barriers: The Wellness Council of Southeast Wisconsin supports the philosophy of ASSIST and has offered avenues for communication with its membership. The majority of its business members have some form of smoking policy instituted at their worksites. They have also sponsored Smoking Policy workshops in the past. Unfortunately, their membership is limited and may not be totally representative of Milwaukee businesses. Their focus for programming and concern is also driven by membership input. They report having limited resources and traditionally have a narrow focus of work place wellness. The ACS Wisconsin Division is a member of the Wellness Council.

The Wisconsin Health Education Network (WHEN) is a newly formed group of health education professionals in Wisconsin with many of its members also belonging to the Wisconsin Public Health Association who is a member of the state tobacco free coalition. A member of the WHEN Steering Committee is on the ASSIST Executive Committee.

4. COMMUNITY GROUPS

Community groups play a major role in the city of Milwaukee. They are key access points to people of color, people of low educational levels and reproductive age women. They are an ideal way to reach family members. Many of the key informants interviewed believed that the way to influence almost all of the identified target groups was through family members.

Milwaukee is notably a "neighborhood" city with citizen identification linked to key community groups. Many individuals belong to church, school, social, youth or neighborhood groups.

a. Social Service Agencies

Attributes: The social service agencies available in the city of Milwaukee comprise many individual public and private organizations serving people from all of the target groups, including people with low education and low-income levels. These agencies provide a myriad of services addressing many health and human service issues, such as teen pregnancy, alcoholism and drug abuse and child and family abuse.

Major Intermediary Groups: A major intermediary group for Milwaukee's social service agencies focused on alcohol and drug

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abuse is the Milwaukee County Fighting Back Initiative. This program, funded through the Robert Wood Johnson Foundation, was organized to develop a coordinated system for prevention and treatment to measurably reduce alcohol and drug abuse in Milwaukee's Central City which has the largest population of people of color in the state. The initiative has six components: community prevention, treatment system improvement, community support and planning, training, education and technical assistance, public and community awareness and resource planning and development.

The Milwaukee County government is a major intermediary for many of the public social service agencies are funded through the county Department of Health and Human Services or Social Services. Another avenue for potential access to target populations is the Combined Community Service Board which funds and coordinates alcohol and drug abuse and developmental disabilities services while providing public aid services.

Linkages and Barriers: The Milwaukee Coalition Against Drug and Alcohol Abuse (MCADAA), the lead agency for the city of Milwaukee ASSIST coalition, is a member of the Fighting Back Initiative. The Fighting Back Initiative Project Director has indicated some positive responses to ASSIST. MCADAA, a grassroots organization focused on community action, has a history of success in tobacco control. It initiated and carried out an "Erase and Replace" billboard campaign aimed at reducing the number of alcohol and tobacco billboards in Milwaukee's central city. This campaign received support from the Mayor's Office and the City Council.

By participation in the Fighting Back Initiative in Milwaukee, ASSIST can network with other social service agencies to promote and enlist their support and participation in the Milwaukee Tobacco Control Task Force.

Because the Fighting Back Initiative is primarily focused on alcohol and other drugs, tobacco control may not be a high priority for many of its member organizations. A potential barrier in working with public social service agencies is their affiliation with county government which may be a hinderance to their involvement in ASSIST.

b. Voluntary Health Networks

Attributes: Many voluntary health organizations provide services and education to target groups, especially reproductive age women. These organizations address issues surrounding maternal and child health, cancer prevention and detection and other women's health issues. Many women use and find these organizations to be credible sources of health care information.

Major Intermediary Groups: The major intermediary groups for the voluntary health networks include the American Cancer Society,

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the American Lung Association, the March of Dimes and the American Heart Association. Many health care providers are active volunteers on these organization's boards and program education committees. These key health care providers plan, direct and implement health care initiatives for these agencies, many surrounding tobacco use, prevention and cessation.

Linkages and Barriers: All four of these agencies, the March of Dimes, the ALA, the ACS and the AHA are members of the state tobacco free coalition and play leadership roles in tobacco prevention and cessation efforts. These agencies provide speakers for local community groups thus furthering their outreach into the community.

These organizations have not had a long history of culturally specific and appropriate materials and programs for people of color and low educational levels. Outreaching to these groups will be difficult if minority involvement is not achieved. However, all these organizations recognize their limitations and are actively seeking to serve people of color and to attract volunteers from that population.

Many tobacco education and cessation programs offered to women do not consider child care issues and this may become a difficulty in participation. Many women have received the message regarding the dangers of smoking and pregnancy and quit during this time, but then resume smoking after their pregnancy.

c. Ethnic and Minority Groups and Organizations

Attributes: The consistent message from key informant interviews was that the most influential groups for ethnic minorities are community and neighborhood centers and organizations. Groups and centers that were sighted include the Black Health Coalition of Wisconsin, the local churches, the Silver Spring Neighborhood Center, the Boys and Girls Clubs and the House of Peace. Community and Public Health Nurses successfully provide services at these centers. Many ethnic minorities complain that they cannot access health care services in traditional settings. They also state that they cannot establish consistent relationships with health care providers within the current system. By establishing a presence in the community, these centers are perceived as credible sources for social and health services.

Major Intermediary Group: Major intermediary groups include the Black Health Coalition of Wisconsin, the Community Brainstorming Conference, the Black Political Network, the Hispanic Coalition, the Milwaukee Chapter of the National Black Nurses Association and local churches.

Another potential vehicle for ASSIST is the Community Drug Prevention Project which is linked to the Milwaukee District Attorney's office. This project provides communication and

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information exchange in the alcohol, drug and tobacco area. It is an attempt to tie the community into the available resources and to coordinate activities. The target population is primarily youth. Neighborhoods and churches can connect with this project for information.

At the most recent Juneteenth Day, a celebration of black culture and achievement, a truck bore the sign, "If you're a smoker, you qualify." The sign caught Alderman Donegan's (Milwaukee City Council) attention. "I noticed this thing," he says, "because it was the longest line a Juneteenth Day compared to corn roasts and bratwurst and beer, everything else." This lining up was to get free cigarettes." In order to get the free cigarettes, one had to shoot a small basketball through a hoop. Terrance Henderson, 16, made the basket, and they gave him a pack of Carlton, but he does not smoke so he have them to a friend. (Philip Morris has donated $1 million for a five-year project, the Milwaukee County Youth Initiative, targeting six central city schools with family counseling.)

Linkages and Barriers: A significant barrier to ASSIST in the City of Milwaukee is the concern voiced by members of the Milwaukee Chapter of the National Black Nurses Association and the Black Health Coalition of Wisconsin regarding the lack of ethnic minority involvement in ASSIST in the planning, development and staffing phases. This concern may be a major obstacle for ASSIST in reaching people of color in Milwaukee.

A linkage is the lead agency for the local ASSIST coalition, the Milwaukee Coalition Against Drug and Alcohol Abuse, is primarily a central city, minority lead grassroots organization. ASSIST has the support of this group as well as the support of the project director for the Fighting Back Initiative.

The Community Drug Prevention Project is a part of MCADAA and is also related to the DARE Projects in the Milwaukee Police Department.

d. Social Organizations

Attributes: Many social organizations exist in the city of Milwaukee including those affiliated with churches, recreational facilities and community groups. Their membership includes people of color, blue-collar workers, youth, reproductive age women and people of low educational level. Local involvement may be difficult in Milwaukee as many groups and recreational facilities allow smoking as a part of their activities. Milwaukee has a high number of individuals who participate in bowling leagues. These individuals are primarily blue-collar and service workers. Bowling leagues and bowling alleys are traditionally places where smoking and alcohol use is promoted and accepted. Many churches still sponsor festivals and other

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Source: https://www.industrydocuments.ucsf.edu/docs/pfbl0000

social fund-raising events were smoking is tolerated. In fact, some Catholic churches have titled some of their social events for men as "smokers."

Major Intermediary Groups: There is no identified major intermediary group for this large sector, although local churches may provide some access to their membership groups. A potential link to the bowling groups may be the American Bowling Congress which is located in the Milwaukee area. A major intermediary group for the Catholic churches is the Archdiocese of Milwaukee.

Linkages and Barriers: Many of these organizations accept and accommodate alcohol and tobacco use as an acceptable norm and value. ASSIST will have a difficult time involving many of these groups because many of their leaders and members smoke.

A potential avenue for ASSIST is the further involvement of local churches, some of which already belong to the lead agency housing the Milwaukee ASSIST coalition. Many are interested in health and social issues and may be receptive to ASSIST goals.

5. **COMMUNITY ENVIRONMENT**

The community environment channel represents the social and cultural surroundings of smokers, including media. The local Milwaukee media network is extensive with large and small avenues for communication regarding tobacco prevention and cessation messages.

a. Radio and television

Attributes: Radio and television reach all target populations, with an emphasis on youth, reproductive age women and blue-collar and service workers. Key informants suggest that these media have a profound influence for these groups and are the main sources of information, including health information.

There are three major network affiliate television stations with several independent stations, including minority and religious stations. Many families have cable television services in their homes.

There are approximately 20 radio stations in the Milwaukee area. Each station has its own targeted listeners and audience.

Major Intermediary Group: Both radio and television are organized under a state group called the Wisconsin Broadcasters Association. Another local intermediary group for radio stations is MARS (Milwaukee Area Radio Stations). Almost all of the local stations participate in this group which is organized to provide free air time for suitably deemed worthwhile community causes. The community group must pay for the administrative costs.

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Linkages and Barriers: The Wisconsin Broadcasters Association is a member of the state coalition and will commit significant resources to tobacco control efforts. The MARS group can also be a potential source of media outreach for ASSIST.

The Milwaukee coalition may need to involve local representatives from the media for support and involvement in ASSIST. Many of the television stations have reporters whose assignments are primarily devoted to health issues and concerns.

Costs for media purchase on both of these avenues can be prohibitive and public service announcement placement are usually not during prime television or radio air time when the vast majority of the audience is watching or listening.

b. Newspaper

Attributes: Newspapers are information sources for reproductive age women, blue-collar and service workers and for people of color. Milwaukee has two major newspapers: a morning daily, the Milwaukee Sentinel and a daily evening and Sunday paper, the Milwaukee Journal. Several papers appeal to people of color, including the Milwaukee Times, the Milwaukee Community Journal and the Courier.

Major Intermediary Groups: The Wisconsin Newspaper Association (WNA) represents over 255 daily and weekly newspapers statewide.

c. Billboards

Attributes: Numerous billboards are located in the city of Milwaukee with many focused on tobacco. A recent project ("Erase and Replace") spearheaded by the Milwaukee Coalition Against Drug and Alcohol Abuse studied the placement and number of billboards in the central city and found that a majority of the tobacco and alcohol billboards were located in neighborhoods of people of color. MCADAA successfully worked with local billboard companies which voluntarily agreed to reduce the number of tobacco and alcohol ads in this area as well as sponsor a billboard contest for youth. This contest encouraged youth to create billboards that focused on the message, "Kids Get the Message. . .Don't Smoke, Don't Drink." The winning billboards will be displayed in September, 1992 on billboards throughout Milwaukee County.

d. Small media

Attributes: Many local businesses, health care organizations and other companies have regular newsletters, flyers and employee communication pieces. These written avenues are ideal for ASSIST messages and promotion.

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Linkages and Barriers: Many of the local coalition members belong to larger organizations and have access to the individuals in their organizations who write, produce and distribute the internal agency newsletters. They can be a vital link and tie to this inexpensive communication format.

COALITION PROCESS

1. Coalition Contributions

The coalition members that participated in this process included the lead staff person for the Milwaukee Coalition's tobacco control task force and the lead staff persons involved in the city of West Allis coalition, a suburb of Milwaukee. They were interviewed and provided key insights in the areas of union involvement, blue-collar and service worker perspectives and reproductive age women. They also suggested numerous key community contacts to be interviewed.

2. Issues

Other coalition involvement was unavailable because the local coalitions were not yet officially organized. However, state Coalition and ASSIST Executive Committee members with expertise in the Metropolitan Milwaukee area were interviewed for this process.

D. DESCRIPTION OF SELECTED CHANNEL SECTORS AND INTERMEDIARIES - BALANCE OF THE STATE INTERVENTION REGION

1. HEALTH CARE CHANNEL

Within the health care channel, three sectors can be considered:

- Primary providers of health care (e.g., physicians, physician assistants, nurses, dentist, pharmacists, and chiropractors)
- Health care settings or facilities where these primary providers make their services available (e.g. private providers' offices or clinics, hospitals, and the public health clinics or agencies, such as community health centers, family planning clinics, local public health agencies, WIC (Women, Infants, and Children) clinics, home health agencies, schools, and alcohol and other drug services.
- Health care reimbursement system or the means of reimbursement for health care provided. This system includes the sectors of private or commercial insurance, health maintenance organizations (HMOs), Medicaid, Medicare, Wisconcare, and Healthy Start.

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The following narrative describes which specific health care sectors are most appropriate for reaching the target populations. It will also describe the major intermediary groups and influentials for these sectors and the barriers and linkages which might facilitate or obstruct each of these groups or influentials.

a. **Occupational Health Nurses**

Attributes: This sector of the health care channel has access to blue collar workers. Most of the large manufacturing or processing industries in Wisconsin have occupational health nurses and many manufacturers with 500 or more employees will have an occupational health nurse. Two-thirds of the manufacturing workers are located in the southeastern (44%) and northeastern (24%) regions of the state which are target areas for ASSIST Wisconsin.

Of the occupational health nurses in Wisconsin, 62 are certified occupational health nurses, according to the American Board of Occupational Health Nurses. Certified nurses must pass exams and have at least 5 years of service in the occupational health field.

The responsibilities of occupational (or industrial) nurses may include first aid and injury care, administering safety programs (hearing protection classes, respirator use training, etc), maintaining Occupational Safety and Health Act (OSHA) records, and maintaining insurance compensation records for employees. In addition, occupational health nurses are involved in the wellness program that some companies offer.

Occupational health nurses have regular contact with workers through annual trainings or attending to health care needs. The advice and opinion of an occupational health nurse carries significant weight with the employees. It is the opinion of occupational health nurses that most young and middle age workers do not have routine contact with other sectors of the health care system (e.g., private physicians, dentists, etc.). In addition, one occupational health nurse noted that second shift workers are less concerned about their health and, thus, will not be seeking health services.

Major Intermediary Groups: The Wisconsin Association of Occupational Health Nurses currently has 320 members. The Association has four constituencies in the state: Northeast, Indian Head, South Central, and South East. Statewide, at least 50% of the Association's members work in the manufacturing setting. Sixty to seventy-five percent of the membership work in these settings in the southeast and northeast constituencies. The president of the Association estimates that approximately 5% of occupational nurses are not members of the association. These figures show the ability of the association to reach occupational

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health nurses. The association is very credible to the nurses provides a quarterly newsletter and hold an annual conference. This group can both initiate and sustain tobacco control related activities to and through its members.

Linkages and Barriers: The Wisconsin Association of Occupational Health Nurses is a new member of the Tobacco-Free Wisconsin Coalition. Their membership will serve as a linkage to facilitate the group's involvement in ASSIST interventions. Another linkage which can facilitate the group's involvement is through mini-trainings for the nurses which could be offered by the American Cancer Society.

Occupational health nurses can also link with the American Cancer Society's Great American Smokeout. Occupational health nurses are often the recipient of ACS letters encouraging company participation in the Smokeout. A nurse could urge the company to participate and take responsibility to plan related activities.

Occupational health nurses could also link with ACS and the American Lung Association with respect to establishing and maintaining a smoke-free worksite. First, the nurse could advocate to management and union members to establish a smoke-free policy. If a policy were established, the occupational nurse could use the services of ACS and the American Lung Association to support the workers in their effort to quit smoking.

A barrier to the Association's influence in the tobacco control arena is the lack of smoking policies at the worksites. If management does not support such policies, it will be more difficult for the nurses to influence and the change the smoking behaviors of the blue collar workers. Another barrier is reimbursement or coverage for participation in a smoking cessation program. If a worker is a member of a union, this is something that would probably have to be negotiated.

b. OB/Gyn providers and Family Planning Clinics

Attributes: This sector of the health care channel has access to reproductive age women, and to adolescent girls. Women of reproductive age, particularly those in their 20s and 30s, are very likely to be seeking these health care services. These women are trying to prevent pregnancy, become pregnant, receive prenatal care, and receive screening for cervical cancer. Providers of these services may include gynecologists, obstetricians, internists, family and general practitioners, nurse practitioners, and public health nurses.

These providers may work either in private practice, HMOs, or in public health clinic/agencies (including family planning clinics). Which setting is most appropriate will be dependent

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upon the financial status and insurance coverage of the woman seeking services.

There is a total of 3300 Wisconsin physicians who are in the specialties of family and general practice (1479), OB/GYN (423), and internal medicine (1398). There are 48,231 registered nurses, and 42 certified nurse midwives in Wisconsin. These data are from the Wisconsin Department of Regulation and Licensing which licenses both physicians and nurses. There are 75 family nurse practitioners and at least 900 OB/Gyn nurses in Wisconsin. With respect to public health nurses, there are 570 local public health nurses and 12 public health nurses at the state and DOH regional level.

Major Intermediary Groups: The major intermediary groups for the physician specialties listed above are the State Medical Society (SMS) of Wisconsin and the various specialty societies (Milwaukee Gynecological Society, Wisconsin Academy of Family Physicians, and the Wisconsin Society of Obstetrics and Gynecology). Over 80% of all Wisconsin physicians are members of the SMS and there are 55 county or multi-county regional medical societies. With respect to communications, the SMS puts out a monthly medical journal, a regular newsletter, and holds an annual meeting for its membership. The SMS, under the AMA's Accreditation Council of Continuing Medical Education, is also the body which accredits hospitals, specialty societies, and professional organizations to offer Category 1 Continuing Medical Education (CMEs). Thirty CMEs every two years are required for renewal of a medical license.

The major intermediary group for nurses is the Wisconsin Nurses Association (WNA) with 2100 members. The major intermediary groups for public health nurses are the WNA, the Wisconsin Public Health Association (400 members), the Regional Health Officers of the Bureau of Public Health in the DOH, and the Wisconsin Conference of Local Public Health Officials. There are 115 local public health agencies and each has a public health nursing director. All these directors are members of the Wisconsin Conference of Local Public Health Officials. The WNA and WPHA both publish newsletters and hold annual meetings.

The major intermediary for nurses working in family planning clinics is Planned Parenthood of Wisconsin (PPW). PPW agencies provides family planning services in such place as Milwaukee area, the Fox River Valley, Madison and LaCrosse. The DOH provides these services for the majority of rural areas in Wisconsin. In addition, PPW has a nurse practitioner training program.

Linkages and Barriers: A linkage to ASSIST activities for the various intermediary groups is that the SMS, WNA, and WPHA are members of the Tobacco-Free Wisconsin Coalition.

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A linkage which will facilitate the involvement of providers of obstetric and gynecological services in smoking cessation is a new Medicaid law which goes into effect January, 1993. This law makes prenatal care coordination of non-medical services (including smoking cessation programs) a Medicaid benefit for high risk AFDC eligible pregnant women.

Another linkage to facilitate action in tobacco control is Planned Parenthood of Wisconsin and DOH work closely together to provide family planning services. In 1989, DOH administered and excess of $2.2 million in family planning funding and served more than 49,000 clients. Therefore, DOH may have some influence in encouraging the use of brief quit smoking messages in the family planning clinics.

Finally, the DOH has two programs which can link with the described sectors and their intermediary groups. WIC (Women, Infants and Children) Supplemental Food program provides nutrition education and dietary supplements for at-risk pregnant women and their infants. Women in this program are assessed for nutrition risk factors and could easily be asked about their smoking status and be provided with a smoking cessation message. The Maternal Child Health Block grants, which provide funding for many maternal child health services, are administered through the DOH. DOH could request that agencies include tobacco control activities in their workplans (e.g., parenting classes could include stop smoking messages and be conducted in smoke-free environments).

One barrier to the impact of reaching women seeking contraceptive services is these women may not be an interested recipient of the stop smoking message. In addition, the organization that offer family planning services are facing various political struggles and may not want to devote energies to tobacco control.

c. Primary care providers

Attributes: This sector of the health care channel has access to all persons, but especially youth and women. Primary care providers include family and general practitioners, pediatricians, OB/GYN nurse practitioners, dentists, pharmacists, and dental hygienists.

Family practitioners and pediatricians may work in private practice or HMO settings. Pediatricians and family and general practitioners see youth for acute care and make routine exams for participation in school athletic activities and camps. There are 1,479 family and general practitioners and 524 pediatricians in the state.

OB/GYN nurse practitioners in family planning clinics is the most appropriate sector for adolescent girls seeking family planning services. It is estimated that 45% of girls between the ages of

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15 and 19 are reportedly sexually active. Of females ages 15-19, 32% are using contraception. Younger age women are more likely to seek care in family planning clinics. In fact, 7 out of 10 will seek care in a family planning clinic. In 1989, 35% of the clients served at family planning clinics were between the ages of 15 and 19 years of age.

Dentists and dental hygienists are another important sector for youth. Youth visit dentists' offices regularly for exams, cleaning, and fluoride treatments. Dentists or hygienists can detect regular use of tobacco by the dental exam. The hygienist is the usual provider of prevention messages including those on use of tobacco products. There are 4,824 dentists practicing in Wisconsin. There are 2800 licenses dental hygienist in Wisconsin.

Finally, school health nurses are a very important sector. Eighty percent of local public health agencies provide individual services in the schools. Services include treatments, procedures, and individual health conferences with students, parents, or staff. There were 144 individual conferences and 192 treatments and procedures per 1,000 student enrollment in 1988. In addition, group health education and training activities such as discussions, lectures or workshops are provided by local public health agencies in schools.

Major Intermediary Groups: The major intermediary groups for family and general practitioners and pediatricians are the State Medical Society of Wisconsin, the Wisconsin Academy of Family Physicians, and the American Academy of Pediatrics (Wisconsin Chapter). The Wisconsin Academy of Family Physicians has 2000 members (including students and residents) and publishes a newsletter four times per year and holds an annual meeting. The Wisconsin Chapter of the American Academy of Pediatrics has 524 in-state members (including voting, non-voting, resident, and candidate members). The Wisconsin Chapter of the American Academy of Pediatrics publishes a newsletter three times a year and holds annual meetings.

The major intermediary group for dentists is the Wisconsin Dental Association. Sixty percent of Wisconsin dentists belong to the Association. The Association publishes the Wisconsin Dental Association Journal. The WDA is smoke-free at all meetings and offices. WDA staff have expressed great interest in supporting ASSIST activities. The major intermediary group for dental hygienists is the Wisconsin Dental Association and the Wisconsin Dental Hygienists Association. Of the 2800 dental hygienists in the state, 400 are members of the Wisconsin Dental Hygienists Association.

The major intermediary groups for school health nurses are the School Nurses of Wisconsin (SNOW) and the Wisconsin State School

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Health Council (WSSHC). The Wisconsin Nurses Association may also serve as another intermediary group.

The major intermediary for nurses working in family planning clinics is Planned Parenthood of Wisconsin (PPW). There are 28 family planning clinics administered through the DOH. DOH could request that agencies include tobacco control activities in their workplans (e.g., parenting classes could include stop smoking messages and be conducted in smoke-free environments).

The major intermediaries for groups reaching Blacks might be the Milwaukee Chapter of the National Black Nurses Association, Cream City Medical Society, and the Milwaukee City Health Department. One intermediary group which may help ASSIST Wisconsin identify the appropriate channel sector is the Black Health Coalition in Milwaukee. If family planning agencies are identified as an appropriate channel sector, Planned Parenthood of Wisconsin is the intermediary group.

Linkages and Barriers: One linkage to facilitate physicians determining smoking status of their patients and providing a brief smoking cessation message is the NCI/ACS "How to Help Your Patients Stop Smoking" program. As a result of this program, more and more physicians are receiving training in smoking cessation. The NCI has a goal of training 100,000 trainers by the end of 1992. Another linkage is the American Cancer Society's professional education program's emphasis on tobacco control. The American Cancer Society is using those NCI trained trainers to train clinicians. Finally, the American Academy of Family Physicians holds annual meetings and has offered a course in smoking cessation for the past few years.

One barrier to the impact of reaching women seeking contraceptive services is these women may not be an interested recipient of the stop smoking message. In addition, the organization that offer family planning services are facing various political struggles and may not want to devote energies to tobacco control.

d. Community Health Centers and Public Health Clinics

Community Health Centers and Public Health Clinics may be a way to reach the low income smokers, especially those in the inner City of Milwaukee and Native Americans in rural Wisconsin.

Major Intermediary Groups: One sector of the health care channel which will probably be accessed is community health centers. The Sixteenth Street Community Health Center in Milwaukee serves a largely Hispanic population. The South Side Guadalupe Dental Clinic in Milwaukee may also be another access point. La Clinica de los Campesinos (in Wild Rose) serves largely a Hispanic migrant worker population. Family planning agencies may also be

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another sector for reaching the Latino/Hispanic speaking women seeking family planning services.

One intermediary group for Native Americans is the Indian Health Service, now a state coalition member. The Indian Health Service is the funding source for each reservation and has a district office in Rhinelander. The Indian Health Service Bimidji District has a Smoking Cessation Initiative and a smoking cessation coordinator. Three people from this district has been sent to the NCI's Train the Trainers. The Indian Health Service plans on offering training for health care staff at all of the tribal sites and has expressed interest in working with the ASSIST project.

In addition, the Great Lakes Intertribal Council is a private non-profit agency representing 12 tribes (11 Wisconsin, 1 Michigan). The Board of the Council consists of the 12 tribal chairs. For those tribes that chose to, the Great Lakes Intertribal Council is a subcontractee with the DOH for state and federal maternal child health programs. Some tribes (e.g., Oneida) get direct funding from DOH.

Linkages and Barriers: A linkage which may facilitate reaching all three populations is the new Wisconsin Medicaid law which goes into effect January, 1993. This law makes prenatal care coordination of non-medical services (including smoking cessation programs) a Medicaid benefit for high risk AFDC eligible pregnant women.

A specific linkage for reaching Native American populations will be the Regional Offices of the DOH Bureau of Public Health. These directors have knowledge of the individual tribes and the key organizations and contact person. Another linkage will be the DOH Maternal Child Health Block Grants. Tribal agencies are recipients of these funds and tobacco control efforts could be requested as part of tribal workplans.

The obvious barriers to tobacco control for all three populations through this channel are access to health care, socioeconomic barriers and limitations, and cultural barriers. If ethnic minorities cannot get access to health care or if it is at best spotty, tobacco issues will not be a priority and the health care channel will not be a strong channel. If ethnic minorities cannot get jobs or good paying jobs, stopping smoking is not a priority. According to community contact interviews, cultural barriers are also relevant to these populations. For example, in the male Latino/Hispanic populations, smoking is equated with a macho image. In the black community the gesture of offering a cigarette helps build trust. In the Native American community offering chewing tobacco is a welcoming gesture.

Specific barriers to tobacco control efforts for Native Americans include tribe-to-tribe differences; not all tribes are similar in

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their health service provisions and attitudes. A cultural issue to be aware of is that tribal members will listen to messages from other tribal members, but not to messages from a non-tribal member health worker.

2. SCHOOLS

Schools are an important channel for smoking prevention because of the potential to reach a large population of youth, adolescents and young adults, parents, and because most smokers begin smoking before age 18. As a worksite and training site for professionals, schools also can reach large numbers of all types of workers. Schools can thus reach about 25% of the entire state population. Most smokers start smoking while in school, and lower socioeconomic persons, especially those who drop out of school, begin to smoke at younger ages. Programs will need to identify those students at highest risk of starting to smoke and intervene early.

The ACS has developed a data base with the names, addresses, telephone numbers, and contact names of all schools and school-based organizations in the state. The Tri-Agency (ACS, ALA, AHA) Smokefree Class of 2000 Project, as well as the agencies individually, have extensive contact networks with all the school systems. The several major sectors and their relevance to the target populations are described below.

a. **Primary and secondary schools**

Attributes: This is the most appropriate sector to reach youth with prevention programs and early smoking cessation activities. These schools can reach all segments of the youth population with decreasing access to youth who begin dropping out during high school. Indirectly, schools can also be used to reach parents and families of students including many women of child-bearing age, blue collar and service workers, and people with lower education levels.

There are about 775,000 students enrolled in public schools with 48,500 teachers, and 955 private schools with over 148,600 students:

School Type	Number
Elementary	1,986
Intermediate	320
Secondary	649

A 1990 non-random survey of 541 primary schools indicated that over 93% offered smoking prevention or cessation programs during the past year; 92% had provided some type of **prevention** program, but only 9% (47 schools) had provided some type of **cessation** program. Key informant interviews, however, indicate a lack of consistent K-12 coverage of smoking issues.

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School-based media (closed circuit TV, public TV, parent and staff newsletters) serve as a channel for tobacco-related information. These newsletters are often read closely by teachers and parents.

Prevention activities are an established part of the curriculum in these schools (k-12 health and alcohol/other drug education) and have received extensive resources (training, program development) directed at school staff, students and parents. In addition, these schools communicate with parents of students and increasingly take community environment and family setting approaches. The "governmental and support organizations" sector of this channel is organized through services, policy, funding mechanisms and guidelines on tobacco to promote and support tobacco control activities. UW Extension, through its 4-H and Youth Development staff (located in every county with central program development and support in Madison) include tobacco use in its regular prevention activities. The state PTA, currently being recruited for state coalition membership, can effectively reach large numbers of primary school parents.

Young ethnic minorities may best be reached via Milwaukee, Racine, Kenosha and Madison Public Schools and tribal schools.

Major intermediary groups:

Wisconsin Department of Public Instruction (DPI)[state coalition member]: The DPI, the official State education agency, provides direction, information resources, consultation, and supervision to public elementary and secondary schools in the state. It administers federal and state funds (e.g. Chapter 331 and Drug Free Schools) available for tobacco programming (prevention, curricula, student assistance). The DPI works closely with other state departments and local school boards to provide curricula and educational services for alcohol and other drug abuse, children at risk, and student health programs. Wisconsin schools use DPI alcohol and other drugs and health education curriculum guides that require inclusion of tobacco prevention, k-12, with specifics determined locally. DPI uses materials from the ACS, ALA, and AHA as source materials that are then offered to schools through these guides.

Through membership on several higher education governing boards, the State Superintendent provides links to other state educational institutions, e.g., the Vocational, Technical and Adult Education System (VTAE), and the University of Wisconsin system. The DPI also maintains an ongoing liaison with the private, nonprofit colleges and universities in Wisconsin as well as the state's cooperative educational service agencies.

DPI was active in encouraging tobacco-free schools before it was mandated through legislation. It has also worked with the Tri-Agency Coalition in developing recommendations for the prevention

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of tobacco usage through comprehensive school health education and tobacco usage control at the school work site. DPI participation is necessary for interventions aimed at youth.

Local school boards: There are 429 public school districts comprised of 2,028 schools. Each school district, run by an elected board, appoints the district administrators and has substantial input into district curricular and program policies. Many of these school boards made their districts smoke-free before state legislation was enacted.

Cooperative Educational Service Agencies (CESA): These 12 state mandated, regional cooperative agencies facilitate communications, resource sharing, training and program development among school districts and between districts and other public entities and post-secondary educational units, including the vocational-technical and university systems.

Each CESA, governed by the districts it serves, has a board of control of one school board member from each of 11 school districts within that CESA. Each CESA has a Alcohol & Other Drug (including tobacco) Coordinator who facilitates school-community coalitions. The Network of these coordinators have expressed a strong desire to have a greater focus on tobacco control.

Wisconsin Association of School Boards (WASB) [state coalition member]: WASB is a non-profit organization to advance education through local citizen control of, and accountability for, the state's public schools. It represents the school boards' interests by maintaining close contact with the Wisconsin Legislature, the DPI, the U.S. Congress, other governmental agencies, the National Association of School Boards and other state and national educational agencies. All 429 state school districts, with 2,000 board members, are WASB voluntary members. A 15-member board of directors is elected for three year terms. WASB has been active in tobacco-related activities, e.g., co-sponsor of the "Tobacco Free Young Wisconsin" conference and "Tobacco Free Schools Policy" handbook, support of tobacco control legislation, and distributor of Tobacco Free Schools signs. WASB has expressed a desire to continue to support strengthening of youth access legislation including examining access to smokeless tobacco.

University of Wisconsin System [state coalition member]: The UW System runs continuing education courses, summer institutes and conferences for school staff including courses on alcohol, tobacco and other drugs. These summer institutes are particularly effective at reaching teachers. Many UW System conferences are excellent ways to reach health care and community agency professionals.

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Linkages: DPI, WEAC (see worksites), and WASB are state coalition members. The CESA network have agreed to work closely with ASSIST staff and coalitions.

The Tri-agency Coalition (ACS, AHA, ALA) has extensive linkages to schools. An example is the **Tobacco-Free Young Wisconsin Campaign.** An important aspect of this campaign, with annual media kick-off, is the "Smoke Free Class of 2000" designed to provide children with the information and skills they need to make informed decisions about smoking. The project is funded and steered by staff and volunteers from Heart, Lung, Cancer with representatives from the Wisconsin PTA and the Wisconsin Association of Physical Education, Health, Recreation, and Dance. In its first two years this project reached over 38,500 students in 1,005 Wisconsin schools over the past two years.

The state's Alliance for a Drug Free Wisconsin networks DPI, local programs and many of the state and federally funded programs in schools and communities. Programs funded through its members (state clearinghouse, teen institutes, prevention conference etc.) have extensive linkages, communications networks and common programming with the schools.

Barriers: There are several barriers to reaching youth in primary and secondary schools. First, the social services and public health intermediaries have extensive networks with school staff, the UW and VTAE systems, but not with each other. Tobacco issues have often been isolated from other drug programs and, thus, not providing a consistent effort by staff within schools. There is a plethora of alcohol, tobacco and other drug information, curricula, training, community development strategies, organizations and resources. This makes it difficult for school staff to select from and manage or decide what to use and how.

School staff are confronted with a wide range of top priority student health and social issues to confront: drugs, AIDS, suicide, race relations, family problems, etc. Our state coalition members strongly support a comprehensive health education approach to these issues. However prevention funding and program initiatives have been categorized by problem with few resources devoted to a comprehensive approach. This often results in an inconsistent K-12 approach to tobacco use prevention and a continual vying for teacher, parent and school administration attention. A key informant indicated that teachers see youth tobacco possession enforcement as a low priority given other issues to address.

Tobacco control has not been highlighted consistently among student services, student assistance and drug abuse activities. As learned by key informant interviews and supported by study data, the way adults (at home, school, and in the community) behave regarding tobacco is the key to youth usage. Many youth

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Source: https://www.industrydocuments.ucsf.edu/docs/pfbl0000

consider criminalization of their use and possession of tobacco, especially in school to be hypocritical. Both adults and kids are addicted, but kids are expected to stop their addiction suddenly or be caught as a criminal while adults may smoke without penalty. Enforcement of tobacco possession laws may also be unequally applied to kids already at risk for high risk behaviors. Thus, reinforcing their already low self-esteem - a major contributor to smoking.

Many students, and certainly school drop outs, do not smoke in school but do so elsewhere - often just outside school grounds. Schools either cannot reach them (drop-outs) or will have to greatly change their approaches to get them to quit or not to hide smoking and use it as a form of rebellion. For example, rather then telling kids to quit smoking they will have to persuade them to quit and give them opportunities to make decisions. This runs counter to many prevention approaches which denigrate smoking, make it illegal, and by inference (sometimes purposely) attack or isolate kids who smoke or engage in other "undesirable" behaviors. Finally, there are specific barriers to some minority youth. Native American youth have received little information about tobacco as a problem. They observe extensive adult use and receive a traditional positive view of smoking. Most school programs focus on alcohol as the issue, not tobacco. Many older black youth (especially males) see smoking as rite of passage. There is little tolerance for perceived adult, teacher or "white" hypocrisy regarding smoking.

c. Post secondary schools

Attributes: Students who smoke are best reached through secondary schools and post secondary schools. This section will cover only post secondary schools as secondary schools were described above.

Wisconsin Board of Vocational, Technical Adult Education (VTAE)[state coalition member]: Within the post-secondary area, the VTAE system can reach several target populations. They focus upon blue-collar and service industry job preparation and have extensive outreach to groups with high smoking rates (ethnic minorities, people with lower education). The VTAE system also runs high school equivalency programs for school drop outs - a high smoking rate population - and targets minority high school students and recent graduates.

The VTAE has 16 districts, and its 56 campus system enrolls about 435,000 students, 52% women, 48% men, 87% white (including over 27,000 minority students of which about 15,000 are in post-secondary and college parallel programs). In over 1,100 programs and courses it provides occupational skills training and retraining to keep current with the demands of the work place.

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Source: https://www.industrydocuments.ucsf.edu/docs/pfbl0000

The VTAE programs include construction and industrial trades, service and health, home economics, business and agriculture. Minority students are twice as likely to pursue their studies in programs such as these than are non-minority students.

The VTAE system cooperates closely with other educational institutions and governmental bodies to provide services to all members of the public. It also extensively contracts with industry to provide employee training.

Each district offers courses pertaining to healthful living practices, including tobacco cessation. The VTAE utilizes .015% of its operating budget for tobacco reduction activities in prevention, cessation, and policy-making. All VTAE campuses state-wide are now smoke-free.

University of Wisconsin System (UW) [state coalition member]: This system of relatively autonomous 13 four-year and 13 two-year campuses annually enrolls over 162,000 students. Its Cooperative Extension division provides services to youth (4-H and youth development), adults (homemakers, agricultural extension) in every county with a special focus on low income and rural populations.

As a sector the UW serves as a major worksite, school channel to reach young adults and teens, a community environment, and as the major training site for health care, social service and educational professionals.

The UW system campuses and Extension facilities regulate smoking pursuant to the Wisconsin Clean Indoor Air Act and according to the particular facilities and needs of each institution. While some campuses are entirely smoke-free indoors, the UW system generally prohibits smoking in common areas, its motor vehicles, offices, meeting rooms, classrooms, and other spaces.

Major Intermediary Groups: The major intermediary group for VTAE system is the VTAE central office (state coalition member) in Madison can provide linkages to all campuses and provides centralized training to targeted groups such as student services personnel and counselors.

Major intermediary groups for the UW System are the central office of the University of Wisconsin System and the Wisconsin Federation of Teachers.

Linkages: The Wisconsin Board of Vocational, Technical Adult Education (VTAE) is a member of the state Tobacco-Free Wisconsin Coalition. On the VTAE campuses, campus administrators (for policy), student and health services offices, recreation program/center directors, and teachers in health and social service courses are the most likely to incorporate tobacco control concerns in their programming. They serve as conduits for

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many of the correlates of smoking (low self-esteem, low self-efficacy, sense of marginality, etc.) are directly addressed in their counseling and course activities.

Lower education adults with children in schools may be reached through school activities targeting parents (PTOs, evening adult recreation and other learning programs).

In general, this is a limited channel for reaching this population as compared to the community groups channel (which contains adult literacy activities, community center learning) or health care.

Major Intermediary Groups: GED and high school certificate programs are supervised through staff at the DPI. The DPI runs an annual conference for staff, who can reach teachers involved in those programs and who also work on school drop out programs.

Chief examiners who run the programs at the VTAE campuses can be reached via the VTAE board and can in turn reach staff.

Linkages: DPI and VTAE high school equivalency program staff work with each other, hold annual sharing conference to update staff and administrators on program and curriculum. The VTAE board is a member of the state coalition. The VTAE has occupational programs which have close linkages with the worksite channel and other school sectors. Finally, the Wisconsin PTA can reach parents groups throughout the state through their annual conference and monthly newsletter.

Barriers: GED programs focus on basic learning skills and knowledge attainment - it is not clear if smoking is even part of the very limited health education component. Most course enrollees and staff are focused upon career development or high school credentials - less upon surrounding health issues. The VTAE system has put very limited resources into student health and development co-curricular programming. While parents with lower education levels may be reached through school district parents groups, they are less likely to participate due to low self-image and reticence to be actively involved with school staff (or even to be in school buildings).

Although smoking is closely linked to many of the self-image/low achievement problems of students targeted and addressed by the VTAE system, smoking has not been a major focus (if viewed at all, it may be seen as a consequence or accompaniment of these problems) and which staff and students have not wanted to extensively address. This is an opportunity area to explore.

h. PTO/PTA:

Attributes: PTO/PTAs can reach women who are parents of students in school. These women can be motivated on smoking issues

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regarding 1) their concern about health issues for their children and 2) concern about drug abuse (if the connection to tobacco use is demonstrated for them).

Major intermediary groups: Parents organizations (PTA, PTO, Drug Abuse Parents Groups) can also be acceptable vehicles to provide information and awareness. As part of a whole school community effort (e.g., to reduce smoking in a specific school), parents can be attracted to looking at their own behaviors (many curricula now encourage parent participation), and the school can be an initiator of smoking cessation activities (if school staff do not appear to be telling parents how to change their lives).

Linkages: The state PTA and local PTO's are composed predominantly of women with great concern about their children's schools and their role as parents. They typically pay attention to health, drug and sexuality education issues and may be favorably disposed to address tobacco.

Barriers: The concerns of women regarding child-bearing, smoking and other gender related health issues, other than weight and exercise, have not been a major focus of the PTA/PTO. The state PTA is strong in reaching primary and middle school parents but much less so for high school parents. At least half of the state school parents groups are independent and not linked statewide. They must be identified and approached through local coalitions.

3. WORKSITES

Worksites will serve as an important avenue for smoking control in the intervention phase of ASSIST Wisconsin. In this setting, large numbers of smokers will be reached and smoking cessation programs implemented. In addition, nonsmokers may become involved through the enactment and enforcement of clean indoor air policies.

The major sectors of the work-site channel are as follows:

a. Business Networks

These organizations link businesses and networks and provide assistance to business operations. These organizations will serve as important links to businesses during the intervention phase of ASSIST Wisconsin. It will also include communication with salaried managers of firms and plants who will be supervising these workers.

ASSIST Wisconsin, through local coalitions, will work closely with the local Chambers of Commerce, Rotary, Optimists, and other organizations in communities throughout the state, and with the other state-wide business organizations in the state.

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The ACS has begun to develop a list of the major organizations in the state. A list of the names, addresses, and telephone numbers of these organizations will be maintained by the ACS throughout the duration of the Project.

Wisconsin Manufacturers and Commerce (WMC): WMC is the most important business organization in the state. Currently, WMC has more than 3,000 member firms throughout Wisconsin, representing nearly 25% of the state's work force in every county in the state.

WMC has already distributed background information regarding the Tobacco-Free Wisconsin coalition to their committee on Health Care Cost Management. Eleven companies, including Allen Bradley Corporation, Kikkoman Foods, Kohler Company, Marcus Corporation, Marshfield Clinic, Northwestern Mutual Life, Quad/Graphics, Wausau Hospital Center, Wausau Insurance Company, Wisconsin Bell, and the Wisconsin Public Service Corporation have expressed interest in advancing the objectives and work of the Coalition. WMC feels that interest will grow as more companies hear about the Coalition's activities.

WMC and its predecessors were created to represent employer interests by working to preserve and enhance America's private enterprise system and promote conditions favorable to economic development in Wisconsin. WMC has a three-pronged advocacy program of legislative, political, and legal action, designed to address key business issues most likely to have a major impact on the state's economy during each two-year session of the legislature.

WMC has a Health Care Cost Management Committee, which is concerned with activities involving health promotion and disease prevention. A recent example of their involvement is WMC's participation in the statewide Public Health Agenda 2000 Project.

Pat Blankenburg, staff person for the Health Care Cost Management Committee, estimates that up to five percent of her time is directed toward information and education regarding tobacco use.

b. **Regulatory organizations, Occupational Health and Safety Administration (OSHA)**

Attributes: There has been much discussion about an OSHA Indoor Air Quality standard. For those employed in indoor work environments, the standard, if enforced, would provide the most extensive restrictions on secondary smoke. For an OSHA Indoor Air Quality standard to be developed, it would involve the precise timetable of writing, revisions, extensive reviews, political support and organization necessary for a standard. In Wisconsin, OSHA is administered by the Division of Health, Occupation Health Section. The Section provides training,

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